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THE SOUTHERN PRACTITIONER

AN INDEPENDENT MONTHLY JOURNAL

Devoted to Medicine and Surgery

NASHVILLE, TENNESSEE

EDITOR AND PROPRIETOR

DEERING J. ROBERTS, M. D.

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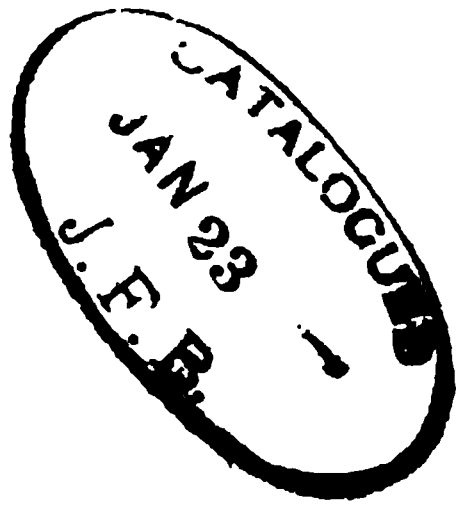
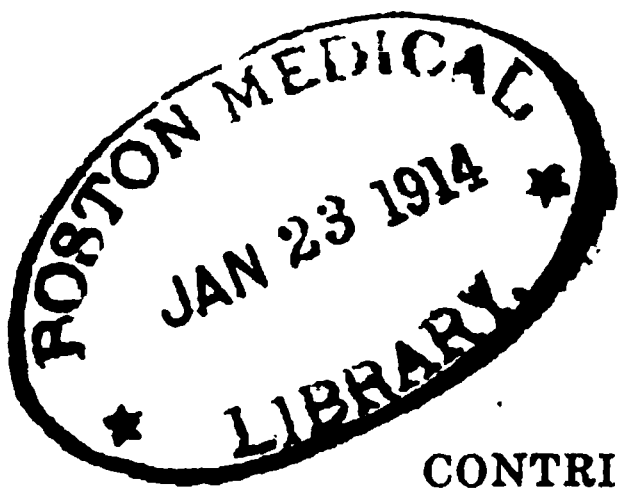
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|---|----------------------|
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| Burch, L. E., 399..... | Nashville, Tenn. |
| Davis, M. A., 453..... | Nashville, Tenn. |
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| Eve, Duncan, Jr., 295..... | Nashville, Tenn. |
| Eve, Paul F., 339..... | Nashville, Tenn. |
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| Grimm, R. M., U. S. P. H., and M. H., 572..... | Washington, D. C. |
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| Newton, E. D., 360..... | Atlanta, Ga. |
| O'Sullivan, J. J., 306..... | New York, N. Y. |
| Oughterson, W. A., 285..... | Nashville, Tenn. |
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| Palmer, E., 407..... | Logansport, Ind. |
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| Tucker, R. O., 401..... | Nashville, Tenn. |
| Walsh, David, 630..... | London, Eng. |
| Waugh, Wm. F., 124, 349, 505..... | Chicago, Ill. |
| Williams, Tom A., 129, 511..... | Washington, D. C. |

ORIGINAL
COMMUNICATIONS.

| | |
|---|----------|
| American Proctological Society | 456, 518 |
| Arterial Hypertension | 285, 349 |
| Cancer of the Cervix Uteri.... | 621 |
| Circumcision, Rapid, Bloodless Method..... | 302 |
| Convulsions, Briefs on..... | 124 |
| Cystoscope, Value of the..... | 447 |
| Eating to Live <i>vs.</i> Living to Eat | 236 |
| Endometritis | 306 |
| Ethics, Publicity and Promotion | 7 |
| Fœtus, Is It a Person?..... | 117 |
| Fractures, Remarks on the Treatment of | 32 |
| Fractures of the Tibia and their Treatment..... | 339 |
| Gall Stones and Morphinism.. | 505 |
| Gall Stones in Early Life..... | 339 |
| Gonorrhœa, Repressive Treatment of Acute..... | 393 |
| Head, Injuries of the..... | 295 |
| Hemorrhoids | 407 |
| Hernia, Oblique Inguinal Complicated with Arterio-Venous Aneurism | 229 |
| Leukemia | 453 |
| Liver, Tumors of the..... | 613 |
| Neoplasms Within the Skull.. | 518 |
| Occipito-Posterior Positions.... | 401 |
| Opium Addiction, Treatment of | 173 |
| Oro-Nasal Antiseptic..... | 630 |
| Pellagra, Its Epidemiology.... | 572 |
| Pellagra, Report of Special Commission | 574 |
| Pellagra, Salient Epidemiological Features of..... | 557 |
| Stomach Affections, the More Common | 83 |
| Stomach, Neoplasms of the.... | 508 |
| Surgery, Glimpses of European | 73 |
| Syphilis, Treatment of..... | 501 |
| Tonsillitis | 183 |
| Typhoid Fever..... | 239 |

| | |
|---|-----|
| Urethral Inflammation, Complications Following Deep.. | 120 |
| Wash, The Best Alkaline..... | 35 |

SELECTED ARTICLES.

| | |
|---|-----|
| Brewer's Yeast in the Treatment of Ulcers, etc..... | 91 |
| Cancer and Sarcoma, The Earthworm their Original Host | 262 |
| Collargolum, Range of Usefulness | 133 |
| Diabetes Mellitus, Taka-Diastase in | 195 |
| Eye Symptoms as an Aid of the Diagnosis of Organic and Fundamental Nervous Diseases | 85 |
| Medical Tendencies..... | 579 |
| Pellagra, Sanbon's New Theory of..... | 352 |
| Peritonitis, Treatment of Diffuse | 307 |
| Stomach and Duodenum, Diseases of from a Surgical Standpoint | 185 |
| Typhoid Fever, Sources of Infection | 631 |

RECORDS, RECOLLECTIONS
AND REMINISCENCES.

| | |
|---|----------|
| Address of E. D. Newton, M. D., President of the Association of Medical Officers of the Army and Navy of the Confederacy..... | 360 |
| Annual Meeting of the Association of Medical Officers of the Army and Navy of the Confederacy..... | 144, 202 |
| Circular Letter from the Secretary of the Association of Medical Officers of the Army and Navy of the Confederacy | 247 |
| Monument to be Erected in Honor of Samuel P. Moore, M. D., Surgeon-General of the C. S. A. | 203 |
| Physicians and History..... | 473 |
| Pneumonia in the Confederate Army..... | 478 |

INDEX.

| | | | |
|---|---------------|---|-----|
| Report of the Fourteenth Annual Meeting of the Association of Medical Officers of the Army and Navy of the Confederacy..... | 410 | Salvarsan | 97 |
| OBITUARY. | | Southern Surgical and Gynecological Association..... | 44 |
| Edwards, Landon Brame, M. D., of Richmond, Va..... | 37 | Sterilization of Solutions for Hypodermic Use | 486 |
| Smith, Q. Cincinnatus, M. D., of San Diego, Cal..... | 639 | Sulphide, A..... | 46 |
| Stephens, James Balaam, M. D., of Nashville, Tenn..... | 40 | Surgical Dressings, A New Line of..... | 45 |
| Wyman, Walter, M. D., of Washington, D. C..... | 640 | Tennessee State Medical Association | 214 |
| EDITORIAL. | | Tennessee State Medical Association, Secretary of the.. | 249 |
| American Medico-Political League | 145 | Tennessee State Medical Association, Seventy-eighth Annual Meeting..... | 249 |
| American Proctological Society | 487 | Tonic Medication..... | 323 |
| Army Medical Corps Examinations | 372 | Vivisection | 217 |
| Cholera Situation..... | 421, 486 | BOOK NOTICES AND REVIEWS. | |
| Close of Our Thirty-third Volume | 642 | Chaos and Crime, Medical— <i>Barnesby</i> | 106 |
| Commencement Exercises of the Medical Department of the Universities of Nashville and Tennessee..... | 323 | Compend of Active Principles— <i>Redfield</i> | 108 |
| Death Rate for 1910, A Low.. | 146 | Genesis— <i>Talmey</i> | 105 |
| Department of Public Health | 326 | Hygiene, Primer of— <i>Ritchie</i> .. | 105 |
| Editorial Items, 44 to 52; 99 to 103; 148 to 155; 221 to 227; 259 to 266; 328 to 333; 373 to 379; 422 to 428; 487 to 491; 531 to 536; 597 to 605; 641 to 651. | | Inebriety, Clinical Treatise of— <i>Crothers</i> | 213 |
| Euthanasia | 526 | Malaria and its Manifestations— <i>McCurry</i> | 213 |
| Hay Fever Problem..... | 372 | Pediatrics, Golden Rules of— <i>Zahorsky</i> | 358 |
| Hook Worm, Routing the..... | 531 | Physician's Pocket Account Book— <i>Taylor</i> | 106 |
| Insane Population, Striking Increase of the..... | 472 | Psyche— <i>Talmey</i> | 107 |
| Looking Backward..... | 481 | Public Health— <i>Tuttle</i> | 104 |
| Medical Colleges of Nashville, Consolidation of the..... | 419 | Photographic History of the War Between the States— <i>Miller</i> | 493 |
| Microbes Serenade | 149 | Surgery, American Practice of— <i>Bryant & Buck</i> | 359 |
| Mississippi Valley Medical Association..... | 368, 528, 592 | Surgery, Principles of— <i>McGuire</i> | 495 |
| Modern Life Saving..... | 529 | Syphilis, Diagnosis of— <i>Malsbury</i> | 108 |
| Obstetrics, Clinical..... | 530 | Syphilis— <i>Fracastor's</i> | 491 |
| Prize Essay Offered by Am. Proctologic Society | 147 | Tuberculosis Directory— <i>Jacobs</i> | 359 |
| | | SELECTIONS. | |
| | | Acidosis, Treatment of..... | 610 |
| | | Alcoholism, Is It a Disease?.. | 554 |

INDEX.

| | | | |
|---|-----|---|-----|
| Amoebiasis, Ipecac in Treatment of Intestinal..... | 110 | Erysipelas, Magnesia Sulphate in..... | 385 |
| Anaesthetics, Administration of | 660 | Ether Administration, The "A. B. C." of..... | 335 |
| Anæsthesia with Quinine and Urea Hydrochloride | 423 | Fehling's Solution..... | 609 |
| Aneurism, Thoracic..... | 386 | Femur, Fracture of the Neck of | 551 |
| Angina Pectoris, Etiology of.. | 549 | Foot Powders..... | 163 |
| Antitoxin Bug-Bears, Truth and Fiction in Regard to.... | 530 | Fractures | 612 |
| Appendicitis, Diagnosis of Chronic | 437 | Fracture, Acetabular with Dislocation of the Femoral Head | 54 |
| Arteriosclerosis | 662 | Fractures of Femoral Neck.. | 657 |
| Artificial Aterial Hyperemia in Threatened Gangrene of Foot | 56 | Gastric Carcinoma, Early Diagnostic Test in..... | 611 |
| Asthma, Treatment of..... | 391 | Gastric Hyperacidity, Treated with Hydrogen Peroxide | 611 |
| Bladder, Glycerine as a Stimulant to the..... | 337 | Gastric Therapeutics, Drugs in | 445 |
| Blood-letting, Efficiency of.... | 387 | Gastric Ulcers, Results in Treatment of..... | 536 |
| Boric Acid, Uses of..... | 607 | Gelsemium | 552 |
| Callus Formation Through the Influence of Fibrin..... | 271 | Goitre, Exophthalmic, Surgical Treatment of..... | 158 |
| Cancer, Prostatic..... | 109 | Gonorrhœa, Treated with Lactic Acid Bacilli..... | 115 |
| Cancer, Sixty-five Thousand Dollars for the Study of.... | 385 | Gout, Treated with Mineral Acids | 546 |
| Carbolic Acid in the Treatment of Biboes, Furuncles, etc. | 57 | Heart, Practical Points in Treatment of Diseases of.. | 171 |
| Children, Dealing With Feeble Minded..... | 553 | Hepatic Vessels, Occlusions of | 657 |
| Cholelithiasis | 169 | Hospital, Cooling a..... | 542 |
| Corns, Simple Treatment of.. | 545 | Human Life, Value of..... | 277 |
| Cystitis, Hydrogen Peroxide in Purulent..... | 548 | Hydrargyrum Redivivus..... | 431 |
| Delirium Tremens, Treatment of | 609 | Hydrocele | 172 |
| Diabetes, Some Latter-day Efforts in Treatment of.... | 553 | Indigestion, Painful..... | 655 |
| Diabetes, Treatment of..... | 550 | Indigestion, Surgical Aspects of..... | 433 |
| Diphtheria, Carriers in Relation to the Spread of..... | 384 | Injured, Dr. Keen Gives "First Aid" to the..... | 59 |
| Dopes for Doctors..... | 228 | Intestinal Invagination in Children | 662 |
| Eclampsia, Saline Infusion in | 383 | Iodine, External Uses of.... | 274 |
| Enema, The Cold..... | 610 | Iodine, Its Latest and Most Important Use..... | 171 |
| Epilepsy, Crotalin in..... | 661 | Iodine, Tincture of in Wounds of the Hand..... | 275 |
| Enuresis in Children, Cure of | 387 | Iodine, Topical Use of..... | 606 |
| Epilepsy and the Epileptic Temperament | 605 | | |

INDEX.

| | | | |
|---|----------|---|----------|
| Ipecac, Use of to Abort Typhoid Fever..... | 652 | Salycilic Acid..... | 57 |
| Jottings By-the-Way..... | 165 | Salvarsan | 335 |
| Lawyers as They See Us..... | 269 | Salvarsan, Cases Treated with | 116 |
| Life, Philosophy of..... | 500 | Salvarsan, (606), Method of Preparing | 115 |
| Machinery Wounds, Cleaning | 446 | Salvarsan, Plain Truths Concerning | 383 |
| Mania, Treatment of Acute.. | 269 | Salvarsan, Present Status of | 435 |
| Medical Society, Use of a.... | 334 | Scarlet Fever, A New Sign in Diagnosis of..... | 379 |
| Medical Specialism..... | 612 | Scarlet Red in the Treatment of Ulcers..... | 161 |
| Medical Stains, Removal of.. | 335 | Sciatica, Treatment of with Saline Injections..... | 547 |
| Milk, Contamination of in the Kitchen.. | 273 | Shock, Treatment of..... | 112 |
| Nausea of Pregnancy..... | 390 | Sodium Citrate..... | 606 |
| Neuralgia | 227, 281 | Stomach, Electricity in Treatment of Chronic Diseases of the..... | 283 |
| Neuralgia, Treatment of Tri-facial | 52 | Stuff and No Mistake..... | 113 |
| Neurasthenic Pains, Diagnosis of | 280 | Suicide, Pathology of..... | 282 |
| Neurology in Zurich..... | 60 | Sulphur as an Intestinal Antiseptic | 439 |
| Night Sweats, The Salt Sheet in Reducing..... | 500 | Surgical and Other Aphorisms | 278 |
| Osteo-Periostitis, Chronic Localized | 612 | Tonsil Removal with Special Reference to Quinine Anesthesia | 610 |
| Panama, An Object Lesson to Civilization | 440 | Typhoid Fever, Control of in the Army by Vaccination.. | 496 |
| Pancreas, Internal Secretion of | 59 | Urethral Examinations, Technique of..... | 608 |
| Patella, Fractures of the..... | 382 | Urethral Stricture..... | 659 |
| Pellagra, Diagnosis in..... | 543 | Urine, Blood and Bile Tests in | 446 |
| Peptogenic Milk Powder, A New Use of Milk Prepared With | 548 | Vaccine Therapy..... | 612 |
| Peritonitis, Insufflation of Oxygen in Generalized..... | 555 | Venereal Prophylaxis in the Navy | 163 |
| Phalacrois | 282 | Veratrum Viride..... | 279 |
| Pneumonia, Prognosis of Lobar | 444 | Verumontanum, Report of Work Done on..... | 155 |
| Polionyelitis, Experimental.. | 661 | Vomiting | 333 |
| Preparation, A Useful..... | 334 | Vomiting of Infants, Citrate of Soda in..... | 443 |
| Prepared | 284 | Vomiting of Pregnancy..... | 334 |
| Psychoses in Child Bearing.. | 386 | Warts, Venereal | 172 |
| Psychoses, Post-Operative | 335 | Wassermann Reaction..... | 441 |
| Quarantine Service at the Port of New York..... | 380 | Whooping Cough, Treatment of | 281, 607 |
| Quinine as a Prophylactic.... | 443 | | |
| Rheumatism, Salycillates Hypodermically in | 337 | | |
| Ringworm, Treatment of..... | 555 | | |
| Roller Skating, Injurious Effects of..... | 333 | | |

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Original Communications.

ETHICS, PUBLICITY AND PROMOTION.

G. FRANK LYDSTON, M. D.

*Professor of Surgical Diseases of the Genito-Urinary
Organs, Medical Department, University of
Illinois, Chicago.*

There has been no time within the memory of man when the medical profession did not add to the merriment of nations. We moderns are as liberal contributors as were our staid and dignified forebears. As for the quack, both ancient and modern, the latter-day "regular" can give him "cards and spades" at almost any stage of the comedy.

The man who has practiced medicine for even a few

years and has not laughed at the inconsistencies of medical men is devoid of humor. Assuming that he has laughed, he probably also has done some "kicking." But *cui bono*? Kicking merely ruffles that mantle of dignity beneath which the profession so cleverly conceals its inanities, ignorance of everyday affairs, indifference, hypocrisies, selfish ambitions and lack of *esprit de corps*.

Many, many years ago a devoted band of pluperperfects—yes, dear brother, there were pluperperfects, even in those days—came together after the fashion of the three tailors of Tooley Street, and said, "We are the people." Now these pluperperfects were great, noble-spirited men. They had all the brains "what was in them days." They were the original "High Brows," who set the pace for the present generation of pluperperfects, who consider themselves superior to the members of the order of Medical Boneheads, who can't see the hole through the millstone—merely because it is filled by their own necks—and who have been the succulent prey of the "Amalgamated Association of High Brows, Limited," time out of mind.

Being cocksure themselves, like the devoted band who once gathered together, called themselves "the Church," and decided by ballot which of the ancient writings were "inspired," for medical infallibles did then and there formulate rules of conduct—for "the other fellow"—which should keep the little pigs out of the clover patch forever and a day.

Thus was born the Code of Ethics of the A. M. A., a man-made conscience, that has made cowards and hypocrites of us all—a golden rule, labeled "brotherly love," but shaped, edged and pointed like a Malay creese and dipped in curare. *And the Book of the Law written by the "We are Its" said many things unto us, burning words, words of purity and wisdom*—words which should keep all future generations of little doctors in that straight and narrow path just outside the field wherein the big fellows browsed and waxed fat.

It is hardly necessary to enumerate all the lofty princi-

ples laid down in the medical commandments of aforetime. A few will suffice, viz.:

1. Thou shalt not advertise.
2. Thou shalt hide thy light under a bushel.
3. Thou shalt not consult with irregulars.
4. Thou shalt not patent inventions.
5. Thou shalt not steal another doctor's patients.
6. Thou shalt not speak ill of thy medical brother, but

shall be kind to him whilst vigorously damning the "irregular" and those who tread the primrose path of quackery.

Now let us consider these commandments: The first commandment, literally construed, would have given the pluperfects some personal embarrassment, so they made an exception, tacitly or openly, of advertisements by college professorships, books, reprints, and hospital positions. This helped some of us immensely, and has kept our ethical consciences clear. It is not recorded whether or not they also tacitly made an exception of newspaper write-ups of great "discoveries" and attendance on millionaires, but their high browed successors have done so, stipulating only that *the fellows who get the publicity shall be inside the fence and shall not be caught in the act of paying for their ads.* And heaven help the fellow who is caught paying the piper!

In their wildest flights of imagination the Fathers of the Medical Church did not dream of such things as newspaper essays on "My Method of Grafting Limbs," "My Method of Freezing Epitheliomata," "My Method of Soldering Sinuses," "My Experience with '606," or "My Method of Putting New Hinges in the Extremities," which—

"Maketh the arthritic the staff and crutch forego
And leap exulting like the bounding roe."

Neither did the Fathers foresee advertisements of surgical department stores, with pictures of the proprietors at work, in secular magazines and newspapers all over the country. Fancy the shades of our medical forefathers reading

a recent "White-Gown" article in the Chicago Daily News, the article in the Springfield Journal, a short time since, devoted to the Surgical Cinch Brothers, and headed:

"THOUSANDS OF CASES AND NOT ONE FAILURE."

The flamboyant Chicago American illustrated treatise on joint pathology and surgery, or the flagrant newspaper advertising article through the medium of which certain estimable gentlemen have prematurely taken the public into our confidence in regard to "606." I say "prematurely" advisedly, for when the smoke of self-exploitation and hysterical enthusiasm has cleared away, we will find that "606" has lost its job as a miracle-worker and assumed its proper role of an additional therapeutic resource in syphilis—with the usual limitations. Meanwhile, the new remedy will prove a mint for the quacks, will cost many lives, through carelessness and over-enthusiasm, and will rob many of the opportunity of a permanent cure—merely through over-confidence.

As I read the recent newspaper and magazine boom for "606" and those who "beat us to it," I began rummaging around in the dead lumber room wherein were stored memories of Sangrado and his hot water and bleeding, Perkins and his "tractation," Declat and his "nascent" phenic acid, Charcot and his hypnotism, Bergeron and his stink-pots, Battey and his unspeakable mutilations of unsuspecting females, the Ramm-White castration for prostatic disease, the nitrogen gas-tank cure for tuberculosis, the story of tuberculin, and the hundreds of remedies that have been lauded as "specifics" for disease ranging in importance from gonorrhea to diphtheria.

Alas! for some of our great discoveries. "They come like water and like wind they go."

They make their grand stage entree to the blare of trumpets and the beating of drums—"snare" drums—in the market-place. Bedecked like a courtesan, they enter the professional door, escorted by newspaper enthusiasts who ever

"whore after strange therapeutic gods," and immediately fly up the chimney as malodorous smoke from the crucible of experience in which all things are tried.

Could they but return to earth, the fathers of American medicine would follow the late Ben King's example, "Rise in their white cravats, and say, 'What's that?' "—and then fall dead again. They probably would not remain conscious long enough to learn that the most flagrant breaches of the ethical "bunk" trust which they left behind them so many years ago have been committed by officers and ex-officers of the great association they founded.

I presume that some of the latter-day twenty-story "Thought Domes" will resent the imputation that college teaching, the writing of articles and the circulation of reprints is "advertising." Well, then, what is it? Conveying a message of joy, hope and salvation to a waiting world? How modest!

I fancy that most of us would quit the "humanity" game if we had no hope of ulterior personal benefit. "Humanity is 'I,' writ large." Is *ones* work any the worse because he directly or indirectly benefits by it? Human nature is like a stubborn mule that balks at his tasks. A cabbage dangled just in front of his nose makes him pull like a Trojan. The greater the reward, the greater the stimulus to work. I wonder how the "humanity" dodge allays the sting of conscience in the compiler and the man who hires a professional "hack" to write his stuff for him.

"He who bloweth not his own horn, the same shall not be blown." And the laggard goes supperless to bed. Anybody can make and eat the soup, but a fellow has to hustle to catch the hare.

Doubtless those good professors who do a "commission" business with their alumni would be first to resent the charge of advertising. Yet they are not honest, even with their own colleagues. Alas! that dog should e'er eat dog.

And did not the bones of our Medical Daddies rattle with

impotent osteologic protest at the story of the surgical commission business in Chicago?

It will be remembered that I fired the first charge of interrogation and exclamation points at the commission method of advertising—a method which transcends in efficacy the newspaper ad, as does the modern high-power projectile an ounce of No. 6.

The rank and file may not have grasped the details of the farce comedy played by the Chicago Medical Society, so here's to its memory:

A special meeting was held to discuss the question. This meeting was a rouser. I had mentioned no names and it was pretty well understood that I did not intend to, but merely wanted to see fair play. Everybody was on the *qui vive*, however, and came to see the show. A resolution was offered condemning the commission practice. A motion to amend the By-Laws and discipline offenders was made. A distinguished High-Brow moved to table the whole business. There was little doubt as to its fate. At the critical moment I entered the hall with a large bundle of "letters" in my hands, and quietly sat down in the front row with the documents prominently displayed. I made no remarks—it was not necessary to do so. Numerous faces surmounted by large frontal eminences blanched and reddened, and paled and blushed again. (How the ethical conscience doth murder expression.)

The resolution and amendment went through with a whoop!

And now to let the cat out of the bag: *That huge bundle of "letters" was composed mainly of some dozens of old college examination papers!* They were not as "big as a barn door nor as deep as a well," but they served.

Several years later High Brow went gunning for High Brow and Greek met Greek. A couple of distinguished gentlemen laid for a number of other distinguished gentlemen and "caught them with the goods," but were tactless and mean enough to empty their game bag, with its contents

properly tagged, in full view of an astonished world and horrified profession. Result: *White-wash for the guilty and condemnation for the investigators.. The By-Laws crawled into a hole and pulled the hole in after them. Which was "to laugh."*

MORAL: *Reform "below" as much as you like, but don't come too near the throne on which sit Power, Prestige, Prosperity, Pull, Purity, and Ethical Bunk.*

As to hospital and dispensary advertising, our old-time leaders of blessed memory would find that they had builded wiser than they knew. The fake eleemosynary hospital, once content with the Lord's poor, gradually embraced the devil's poor, and finally built palatial wings for the millionaires—often also the devil's own.

Let no nimble dollar escape. The struggling practitioner outside the fence will get it if you don't watch out.

And the demand by certain hospitals that the members of the staff guarantee at least \$5,000.00 of business yearly! What would the ghosts of our Medical Daddies think of that?

And how sycophantic the poor little doctor is to the hospital trust—and how the hospital trust does grind him! The hospital game is so popular nowadays that the general practitioner has a desperate struggle even to get a case of first aid to the injured, and as for doing his own surgery—he has a "fat chance" for that. Should he succeed in "corralling" a case and getting it into the hospital, the patient is often either stolen from him outright or informed that he is taking desperate chances in having the "little doctor" instead of Big Chief Staff Member. Perhaps he is, sometimes—but not always.

As I look back at my own experiences in and with some of our hospitals—experiences shared with hundreds of other men—I wonder how some people with tempers keep out of jail. Patients taken out of hospital beds and removed to other hospitals; patients stolen bodily out of their homes and removed to hospitals without so much as "by your

leave;" patients consigned to me followed from their home towns to Chicago by agents of certain hospitals; patients in hospital who were informed at 9:30 that Professor X. had a better method than the one which I had proposed to employ at 10; and patients informed that Big Chief's fee would be cheaper than mine, thereby losing for me part or all of my fee.

In one hospital which I was wont to frequent, I discovered that the surgeon in charge, with his retinue of white gowned assistants, visited my patients with great regularity. I rarely had a male patient in this institution who was not invited as soon as convalescent to see the great "professor" operate.

Can you beat it?

And, by the way, inasmuch as the profession of Chicago is just now greatly exercised over hospital and dispensary abuses, it will please note that the first shot at these evils appeared ten years ago in my "Medicine as a Business Proposition." Here began my popularity with the "Machine."

The hospital trust in Chicago is no worse than elsewhere—but it is nearer home. And that graft strikes hardest which most affects our own pockets. Then there is the question of self-respect. The big plums fall to the lot of the very few who secure hospital jobs. To secure these jobs a man is sometimes compelled to do almost anything, from boot-licking to dabbling in church politics, from log-rolling to out and out purchase. Once on a hospital staff he often is forced to sell his professional soul for crumbs from the table of King Graft, for in most hospitals there is but one shark—who gets most of the advertising and all the plums. The rest of the staff are pilot fish. Both shark and pilot fish are slaves of the system, and must perforce forget the interests of the profession and "keep the beds full," or lose their jobs. *Operations on the Lord's poor and the devil's poor alike, thirty-nine cents and up. Every day a bargain day. Come early and avoid the rush. The cost of living has gone*

up, but it is harder for the doctor to get a decent fee than it was twenty years ago. Why? Ask the hospital trust.

The worst graft combinations have ever been those of Church and Government—in the hospital trusts of our cities they surely are combined. Behold the great County Hospital, the “colon” of the Chicago trust! How impudently it raises its head from the midst of its more aristocratic brethren. Small wonder, indeed that the medical rank and file is impoverished. What the sectarian fake hospital charity does not get openly, or by drumming on commission, falls into the relentless maw of the County Hospital.

Graft? Why, the Cook County Hospital has been the headquarters of graft of one kind or another, time out of mind. Profession and public alike have had the “short end” of the County Hospital game. Dost remember the McGarigle regime under which the County Hospital was found to be a den of thieves? But “things are different now,” you say. True, human nature has changed a lot—not. It is more careful now, however. Politicians nowadays are given to bathrooms and jackpots. In the good old days clandestine scheming and division of the spoils was unnecessary. The political thieves were invested with a gorgeous halo that made that of Robin Hood and his Merry Men seem a sickly salmon pink.

Alliterative? Yes; my temper was rising and I had to put on the soft pedal.

Well, admitting that things are otherwise on the square, the “County” still grafts on the profession, and the profession “backs the hand” of the political Captain Kidds. The scrub women and the “stiff handler” at the County Hospital are salaried—the doctor works for “nothing and found,” consoling himself that he is getting advertisement and “experience.” He generously shares the latter with the patients. He even submits to a civil service examination for his job.

I object to the word “civil,” as applied to an examination for a chance to serve the public for nothing. The public is not consistent. Really, the offices of the

State's Attorney and City Prosecutor should not be salaried, but should be compensated for by the advertisement and experience gained by their staffs. There should also be a civil service examination.

Meanwhile the private rooms at the County—and sometimes the ward beds—are often filled with proteges of politicians and public officials who are parasitically fattening on the neck of the profession and being fed political pap with the doctor's spoon.

And the way the internes are treated: Note the following heading from a Chicago daily:

**"INTERNES' STRIKE AT THE COUNTY HOSPITAL.
DIRTY LINEN, POOR FOOD, SMALL WAGES AND TOO
LITTLE TIME FOR SLEEP AND RECREATION."**

The Interne worms turned at last. Bully for them! Which calls to mind my own term of service at the New York Charity Hospital: A certain allowance was made for the doctors' table. The families of the matron, the superintendent, the steward and the druggist all grafted on this. Result, "institution" bread, rancid butter and wormy prunes—we dubbed the latter "ward cathartic"—seven days week. The cooks and waitresses were drawn from the hospital "bums;" they smelled of iodoform and most of them had saddle noses. Our rooms were dirty and cold. Strike? We struck once a week. Result, more prunes. In passing, I venture the opinion that hospital internes not only should be well housed, but salaried. Good men are often deterred by poverty from competing for positions.

Remedy? Sure there's a remedy. First, let the profession refuse to serve the public for nothing, and then let it amalgamate the doctor's votes. A blow in the "vote center" is a blow in the "graft center," and always commands the attention of the politician. So hit him where he lives.

As applied to "the other fellow," the commandment which stipulated that the doctor must hide his light under a bushel has always been fatuously popular with the young

man whose spurs are yet to be won, and the ancient fossil who has never done anything worth mentioning. To these men, newspaper prominence—again for the other fellow—is always abhorrent. The unwritten law that medical men should keep themselves in the background has been simply “nuts” for the fellows who never get to the center of the stage. These gentlemen—whose name is legion—have never been able to differentiate prominence in the affairs of the world and in the public eye, and ordinary newspaper advertising or exploitation of medical and surgical wares. They strain at publicity gnats and swallow unethetical camels. Then there are the prominent fellows who do have opportunities to exploit themselves. Many of these also believe in the “light under a bushel” creed—for the other fellow. They preach ethics in the light of the day and practice “business” in the dark.

The light under a bushel commandment has been a stumbling-block in the way of the social advancement of the profession. The doctor has no particular social, commercial, financial or political standing. He is a nonentity in the community. Why? Simply because of the bigotry and intolerance of the profession itself. The doctor who makes a political speech, or receives legitimate newspaper mention, at once becomes a target for professional abuse and vilification. This, despite the fact that the doctor has the same rights as other decent citizens. Aye, despite the fact that it is the duty of every man to be as prominent in the important affairs of life as his professional position, tastes and attainments will permit.

Time was when Woods Hutchinson would have been ostracised by the profession, yet he has done the profession great good by taking the public into our confidence and educating the people in those things which are legitimately the people's. Are his articles any less valuable because he himself has incidentally received some profitable publicity, and probably some direct compensation? Is not the laborer worthy of his hire? Would it be just to throw him upon

the ethical dump along with men who guarantee cures in paid ads, and thos who "dead head" ads of their wonderful discoveries and wonderful surgical expliots?

Blessed be he who dispels the fog of medical mystery and meets the inroads of quackery by enlightenment of the public, and thrice blessed be he who legitimately aggrandizes the profession in the estimation of the public, even though he does thereby give himself some individual prominence. Within reasonable limits he cannot appear in the public eye without adding to the social importance of his profession. Pity 'tis that the press does not understand obvious ethical distinctions between matters of general interest and stuff which should appear as paid ads. *Still, perhaps it does—were the truth known—and always as an eye to business. Would that we might see the ledger.*

This much the profession should understand, viz: The right kind of publicity alone will give the medical man his proper place in our social system. *By failing to mix common sense with its ethics the profession has lost the opportunity of making itself a power in the land.*

Out of the muck of the ethical imbecility of the Fathers, the prohibition of the patenting of his inventions by the physician shines like the traditional dead mackerel in the moonlight. Hospitals may profit by the products of your genius; other doctors may charge liberally for using the instruments you have invented; instrument houses may wax fat on the sales thereof—charging you exorbitantly for making the pattern instrument—but *you must not partake of the fruits of your own brains!* And how consistent we are. Did not a high-powered official of the A. M. A. patent something or other some years ago? But that was different, wasn't it?

The prohibition of consultations with irregulars was destined to one day become a serious bone of contention. Specialists finally rose in the land, and the fees that might be thrown their way by irregulars looked mighty good to them. And so they balked. Remember when New York bolted the

A. M. A. *Funny how our ethical code has suffered whenever it has bumped against the flesh pots, isn't it?*

But this is ancient history—and besides, New York is now back in the fold and munching the rich clover with full sanction of the A. M. A. and its revised code. Some New York surgeons even invite reporters to their operations—and we Chicagoans invite them to clinics.

Oh, yes, the code was “revised” all right—just as soon as the High Brows found that revision would “pay.” *Those \$5.00 bills of the rank and file looked mighty good to the ring.*

It is noteworthy that the three mightiest of the seats of the mighty are now simultaneously filled with an ex-newspaper - advertising - multiple-specialty - cures-guaranteed-homeopath who is a “regular” by “arrangement” only.

Oh, that’s “personal,” isn’t it? I’ve been told that I mustn’t do that any more. It tends to disturb that “harmony” for which certain gentlemen are “gum-shoeing” and pussy-footing so hard—and which they will never get until certain medical reforms in the A. M. A. have been instituted. *Not even the treason of a few pretended reformers, who put politics and preferment above principle, can prevent from sprouting the seed already sown.*

Speaking of ethics and the flesh pots, I have elsewhere repeatedly called attention to some of the obscene and offensive ads that have appeared in the Journal of the A. M. A. I append a reproduction of one of another character, which I reserved to “point a moral and adorn a tale” in this particular article. Age cannot stale nor custom wither the infinite variety of the Journal ads. (See next page.)

I wonder how many poor doctors were robbed through the medium of this ad. I have at hand the correspondence between the Journal management and a country doctor who was robbed of \$500.00, that makes very suggestive and interesting reading. The victim wrote the Journal to ascertain whether or not the proposition was reliable. The answer was reassuring, if not illuminative. After his money

TO PHYSICIANS ONLY

(WHY! SEE BELOW)

IS OFFERED A

Safe Investment Paying 40 Per Cent

THE LAS ADARGAS MINES, consisting of 565 acres near the city of Jiminez (on the main line of the Mexican Central Railroad) in Mexico, is one of the richest of the famous Mexican mines that were worked by the Spaniards. There are twenty-five separate mines on the property, all of which have over 2,000 feet of worked shafts, and all show ore sufficient to justify further development. We are working only one of these at present. It is a vertical shaft 210 feet deep, with 300 feet of drifts from the bottom. Yet we have been regularly paying twenty per cent. dividends (on the \$5 per share basis) in quarterly payments of five per cent., of which the next is to be declared in June. In September the rate will be advanced, permanently, to ten per cent. quarterly, or forty per cent. annually.

The claims cover a complete mining zone and are but eight miles, across level roads, from the Dolores station on the main line of the Mexican Central Railroad. The titles are direct from the Mexican Government to the present owners. The American Smelting & Refining Co. (the Smelting Trust) take all our ore under long term contract. At the single shaft now operated there are 98,000 tons of ore IN SIGHT, worth \$1,989,000.

Why is this offered to physicians only. Because one of our largest stockholders is a physician, and the amount of stock to be offered being very limited, it was suggested that no attention be drawn from the general public to the mine, but that physicians only be given the opportunity to become stockholders.

We do not care to have more than 50 to 75 in all, as we wish to have the company so small that every shareholder may be fully and intimately informed of every move made, and every dollar of expenditure. The physician mentioned is a practitioner of 24 years' standing, a graduate of one of the largest and best medical colleges in the country, and has invested heavily in this mine personally, besides securing large subscriptions from his friends in his own city, of which he is one of three or four most prominent men. Name and address on application.

The stock offered is

6,000 Shares at \$5 per Share

Subscriptions must positively be received
before May 24. Not a single share will
be sold for less than \$10 after May 24.

Make checks payable to LAS ADARGAS MINING CO. and send to

KNICKERBOCKER TRUST CO., New York City

with instructions to turn over check on receipt of certificates.

For further information, including full figures of earnings, names of stockholders, maps, etc., address

LAS ADARGAS MINING CO.

Metropolitan Building, Madison Square, New York.

Note.—The Engineering and Mining Journal, of February 8, 1902, page 226, published a report of December shipments from the Las Adargas mine. We were then working the old Spanish way, without machinery. We knew nothing of the article before it was printed.

We are a New York State corporation, which means that stockholders are fully safeguarded. Capital, \$1,000,000.

was lost, the doctor wrote in protest to the Journal. He was coolly informed, in substance, that 9 per cent of mining schemes were frauds anyway, and that the management had discouraged (!) for "the past year the publication of such ads."

NOTE PLEASE: A scheme for doctors only—a limited few to be beneficiaries. Forty per cent interest promised and 20 per cent being already paid. Nearly \$2,000,000.00 worth of ore in sight.

What do you think, my brethren, of an outfit that would publish such an ad. without strict and exhaustive investigation? The management is clever, we all admit that. And we believe its own admission that it knew all about the unreliability of mining schemes.

The Journal doubtless will claim that it did "investigate." *Faith, and it did, by writing to the promoter who placed the ad, asking him to endorse his own statements! This man was merely an employee of an Eastern publishing house, a fact well known to the Journal bosses! As the ad paid well, little was required to ease the managerial conscience. But, what is the legitimate role of our great and chaste official organ—that of capper and steerer for mining sharks? And shall we prey on one another?*

Subsequent investigation by the victims is alleged to have shown that the promoters owned no mining lands, but had a lease which they subsequently forfeited. Was it forfeited as soon as they had caught enough suckers?

"For doctors only." *I have a letter from one poor layman who lost his entire fortune in the scheme!**

What a delicate subject is the question of speaking ill of a brother doctor of stealing his patients. As I write, my

*Documents and correspondence bearing on the above matter subject to inspection.

*Proof on demand.

*Letter on demand.

memory reverts to the only systematic course of lectures on ethics I ever heard. They were delivered by a certain medical college gentleman, since deceased, who chanced to be one of the two faculty members who, a certain party claimed, made "arrangements" to give him a degree without attendance, and apparently without examination.

There I go again—I do wish I could avoid these embarrassing "personalities." Pardon, all ye mushy, orthodox conservatives, political time-servers, pale blue cowards, stand-patters, "harmonizers," gum-shoers, mealy-mouthed pink tea 'reformers,' pussy-foots and conventional "stick in the muds." *It is so difficult to avoid calling a spade a spade.*

Reverting back to that dear old professor's lectures and the ethical *couleur de rose* with which he painted the horizon of my callow hopes, I also recall the gentle way in which in after years he corrected one of my youthful errors in diagnosis.

"Any damn fool ought to have known that you were pregnant." Thus did the Professor of Ethics obey the commandments, gobble the patient—and advertise himself on the side.

Of course, it may as well be admitted that the medical dogs are all after the same bone—which bone is the patient—but we really ought to play the game according to the rules we pretend to follow.

What a *bete noir* that code of ethics was in my early professional career! I jumped every time the ethical bogey man said, "boo!" I was almost afraid to go home in the dark. Shortly after entering practice in Chicago I circulated among the profession a reprint of something or other. Two of the old-time High Brows discovered one of these in the hands of a layman. They at once foregathered and wrote me a joint letter which frightened me pretty nearly to death. I swore off on reprints altogether. A few days later I noted an item in a daily paper to the effect that the two H. B.'s had just performed a brilliant operation and "re-

moved a large sebaceous cyst" from the head of one of the city fathers.

I went into executive session and resolved that the wen was mightier than the reprint, but published another brochure forthwith and, sooth to say, didn't much care whether it fell into the hands of a layman or not—indeed, I rather hoped that it would. One of those two High Brows has gone to his reward and, I hope, is doing the stunt of writing a million times daily the A. M. A. code of ethics, on asbestos paper. Oh, horrible fate! The other is still living, and doubtless throwing fits every time he reads a young doctors' sign.

When one becomes reminiscent, what memories crowd to the fore:

Some years since a distinguished High Brow set about regulating Chicago "ethics." His first exploit was one of the devil's many inventions. He formed a combination with a newspaper editor, who was afterwards sentenced to the penitentiary for blackmail or something of the sort, and proceeded to wipe "infanticide" off the social map. A male and a female reporter called on a list of doctors selected by the aforesaid medical philanthropist and tempted each of them to commit an abortion on the woman, who claimed to be *enciente* and rich. Most fascinating combination! He had himself "tempted" and "refused" the temptation! (How did he ever do it?) When the list of medical victims was completed it was published, both guilty and innocent being classified according to the reporters impressions of their deserts, "share and share alike." And, oh, horrors! Among those "*black-listed*" was the dear old professor who gave that course of ethics of which I have spoken. But it seems that he got into the net by accident and was let out again. It was not the intention of the "reformer" to capture one of his own colleagues. I never could quite understand why I was "tested," as my patients were mostly of the sterner sex and did not require the particular class of services under consideration. I was compelled to disappoint my *confrere*

by failing to yield unto the temptation of "money no object." As I revert to the hungry pocketbook of that far distant day, I thank my lucky stars that I had just paid for my meal ticket and had the virtue which waxeth fat on a full belly. And, by the same token, I have much charity for the poor devils who were caught red-handed, and more respect for them than I have for one old hypocrite—who, of course, being deceased, now rests in Abraham's bosom—who wrote a long letter to the paper condemning "infanticide." Every brick and stone of this fellow's stately mansion represented a soul that died abornin', and was cemented with the blood of a slaughtered fetus. *And every Sunday morning his stately equipage was "waitin' at the choich."*

But our "philanthropist" was applauded for his "virtue" and had the satisfaction of the attainment of several objects. He blackened some of his competitors, whacked some of his enemies, received much advertisement—a full page in one issue—and many encomiums. He also removed the blot from our scutcheon by stamping out infanticide, so effectually that there has not since been an abortion committed in Chicago.

N. B.: There have been a few "curettages." A bas the catheter and sponge tent! Vive la curette and antiseptic tamponnade!

Was the "infanticide" crusade a scheme of blackmail? Some of the victims claim that it was. If so, how were the spoils divided? Fairly, it is to be hoped. Every laborer in the vineyard should have received his "penny."

Anent that milk of human kindness which one is supposed to spill all over his *confreres*, I shall always gratefully remember how one of my distinguished friends, who has ever been high in the favor of the machine of the pluperperfects, once saved my life. He proposed an operation on me for appendicitis, put me in the hospital, had me dieted, purged, shaved, scrubbed, dressed and ready for the operation the following morning. The appointed hour came, but no surgeon. Instead there came a message from the great

man, saying that he was called away and would operate at 3 P. M. More preparation. Three o'clock came and with it another message, saying that the surgical "busy bee" had again been called away and would operate "day after tomorrow!" I replied, "Nay, nay, not so," crawled out of bed and on to a train for New York, where I found a surgeon who was not too busy to work. Not a word or a line from my great *confrere*, after our first interview, nor did I see him for over a year. I finally met him at a medical society, nailed him in a corner and asked for an explanation. He said, "I was too busy." Which was "some cheek," and, considering that his fees for appendicitis cases range from \$1.38, or whatever will keep the other fellow from getting the case, upward, was not complimentary to yours truly. I let my eminent friend "down easy" by telling him that I would be more charitable to him than he was to himself, by believing him to be a coward. You see, my friend was one of us fellows who can't keep out of the limelight, and had his name been coupled with mine in an obituary write-up he would have been hoist with his own petard. And, so, he elected to save my life—and his own face. For which, dear *confrere*, many thanks.

Which story has a moral, i. e., if we doctors when sick paid for what we get, we'd get it oftener, quicker and better than by imposing on ourselves and each other and using each other for advertising material, as is sometimes done—and *we might have almost as good care as a layman receives.*

And there was that other interesting experience which I had a few years ago: As I was about to leave the city in pursuit of health, the Powers that Be in the college in which I have the honor of teaching selected a certain party to act

*It will be noticed that here and there I used the word *confrere*. I do this advisedly. It lends a "tone" which should appeal to even the eminent Flexner, and is rather more terse than the expression, "professional brother." Besides, it is more honest, being a combination of *frere*, which I am credibly informed is the French for brother, and "con," which is the plain American or garden variety of "bunk"—most hardy perennial.

as my substitute. Someone informed him that I was as good as dead, and he forthwith proceeded to publish his picture, life history, alleged "discoveries" and alleged succession to my chair in every paper in Chicago. This, considering that the "state of my health was greatly exaggerated," as the late Mark Twain once expressed it when he was reported dead in London, savored of "crowding the mourners." The party in question might be forgiven for "putting one over" on a brother physician who was said to be *hors de combat*—thereby "stealing coppers from a dead man's eyes"—but none could condone his lack of horse sense and his execrably bad taste.

Apropos of ludicrous inconsistencies in the matter of ethics, the following is highly edifying: Once upon a time, when the "Fool Killer" was away on his vacation, the members of a learned national society wrestled long with the question of "ophthalmologist and otologist," versus "culist and aurist." It was finally decided that an "oculist and aurist" was a goat with ragged whiskers, and the ethical sheep would have none of him. But, if he printed on his cards, "Practice Limited to Diseases of the Eye and Ear," he was a milk white lamb, with wool a yard long. I wonder how many of those latter-day saints are now "drumming" for business. Then there is the "eye and ear trust"—that loyal, up-to-date satellite of a certain other trust "by der Nord Side"—with its tentacles thrust out toward the small fry and scaring them out of their wits. Surely it will confess to the belief that "business is business."

The profession has kept on swallowing its ethical cud, until now one may print on his card, "Diseases of Women Only." But if he announces "Diseases of Men Only," he will be brought to book for his ignorance of the comparative esthetics of the male and female—of leucorrhea and suppressio mensium, and spermatorrhea and varicocele.

Meanwhile, the medical Pucks sit on the medical fence and chuckle, "What fools these doctors be!"

And if the medical Puck ever grasps the following, he

will fall off the fence altogether, and, like Humpty Dumpty, land in irreparable ruin.

The District Medical Societies are the sources from which flow the \$5.00 bills that make the prosperity of the A. M. A. Most of these bodies permit newspaper advertising, but have By-Laws prohibiting newspaper mention of its members' exploits. If Doctor X. delivers the minister's wife of twins, and the medical attendant's name gets into the paper, he is promptly "churched" by the society. If Deacon Jones' broken leg is set by Dr. Q., and the latter's name is quoted in the county paper, his name is anathema in the mouths of his brethren. One of my doctor friends claims that he was once disciplined for singing at a camp meeting, "The Great Physician Now Is Near."

And then comes the great city doctor, with his columns on columns of wonderful newspaper surgical exploits! Is the country doctor reconciled to our ethical inconsistencies merely because the offenders are not in competition with himself? Or is it because the most flagrant examples of "cityfied" ethics have been furnished by presidents and ex-presidents of the A. M. A.? "The King can do no Wrong"—*and there be two kinds of ethics; one for the "Most High" who run surgical department stores and attend millionaires, and another for the poor little chap down at the country crossroads, or in the purlieus of the great metropolis.* How broad is the mantle of Charity—for those who need it not—and how fierce is the lash of criticism for the backs of the hungry little fellows outside the fence.

Now, what does it all mean? Why our inconsistencies and hypocrisies? The answer is easy:

The profession of medicine has advanced in scientific achievements, but in little else. We are in the throes of social and professional adjustment and are responding too slowly to our environment. *We are endeavoring to adapt ourselves to the Twentieth Century struggle for bread and butter without shaking off Nineteenth Century ethical traditions and hypocrisy. Such adaptation to changing con-*

ditions as the profession has made has in the main been done surreptitiously, and often dishonestly. The big fish, seeing the handwriting on the wall, preach ethics to the other fellow to hold him in chains, whilst the King is gathering his tithes, meanwhile practicing methods which put the "pay as you go" advertiser to the blush.

The struggle for readjustment will continue until out of the chaos of dishonest medical commercialism will evolve, probably not ineffective laws, but a practical ethical atmosphere in which each man will be governed entirely by good taste, honesty and fairness—and some common sense, for to err is human, and to throw away fair and legitimate chances to appear in public prints is not only superhuman, but foolish. Our present written and unwritten laws of ethics are largely pharisaical, and a cloak beneath which the glutton for fame and money may devour his neighbor.

And among the things which will be evolved by the doctor's instinct of self-defense probably will be the following:

1. Co-operation by groups of men in various specialties. These men will run co-operative offices, hospitals, dispensaries and teaching courses.

2. Individual hospitals, teaching courses and dispensaries. These, rather than our fake "charity" hospitals, will be supported by the rank and file.

The time will come when the average practitioner will discover that he is cutting his own throat by supporting the Hospital Trust—of which we all are either victims, accessories or principals.

3. Open business partnerships between surgeons and internists which shall do away with the infamous commission business.

4. District dispensaries, run under the auspices of district and branch medical societies. The patients should be received as paupers, only on the recommendation of a committee of the local branch. Thus each district would have the responsibility of its own "investigating." If our medi-

cal colleges co-operated with such committees, much good would result.

5. Those who choose to do their own charity work will announce "Hours for the worthy poor." What is right for a group of men is right for one. And what a fine protection it will be against dead beats.

"Doctor, I don't know when I can pay you, but I must have your attention."

"Very well, come around Thursday at ten—my clinic hour."

N. B.: He calls during regular hours and pays a fee.

The doctor can either dispense his own remedies at cost, or arrange with a neighboring druggist on a cost basis.

6. The general practitioner will "boycott" the fake charity hospitals and men who connive at, or participate in, hospital abuses and dispensary evils. The man who runs counter to the best interests of the rank and file and who is big enough to do much harm can be brought to his knees very quickly. *Don't send him any more cases, my brethren. If you want to fight the enemies of your profession, hit them in the pocket. Then hear them squeal.* The same remedy would be effective for gross newspaper breaches of the ethics of the future—if we have any.

As matters now are, the big fish can do as they please. The rank and file make a "holler," but go on sending them "business" just the same.

7. Our medical societies will be so Americanized and democratized that all of the offices, glory, emoluments, power and prestige will not be monopolized by a chosen few—by a system which, like Tennyson's brook, will run on and on forever, unless dammed by an awakened rank and file.

As I practically have suggested letting down the bars and permitting the little pigs to get into the clover, it is incumbent upon me to formulate my reasons therefor:

1. Under existing conditions those of us who are sufficiently prominent can flagrantly advertise our medical and surgical wares directly to the laity, thus confusing in the

minds of the rank and file charlatanry with legitimate publicity for the doctor and his profession.

2. When attempts are made to "church" them, the coterie in control of a given society usually quashes the indictment or pours whitewash over the offender.

3. If the offender really is indicted, he denies—sometimes with good grounds—all knowledge of the means by which the ad appeared in the paper.

4. The offender's friends claim that "*he is so big that he can't keep out of the spot-light—although he tries so hard.*" Another defense argument which is sometimes well founded.

5. No system of ethics can be devised which will be respected by the press.

6. It is next to impossible to secure evidence that will convict the really guilty. The newspapers are not only enterprising, but "kiss and never tell."

7. The big pigs are thus rendered immune to measures of ethical correction. This is an unfair discrimination against the poor little shoats outside the fence.

8. Ethics, therefore, is at present merely "class legislation."

There is no form of ethical misconduct, short of statutory crimes, which has not been practiced by men high up in the councils of medicine and condoned and apologized for by the A. M. A.—that fountain head of ethics from which emanated the rules of conduct for the starvelings so many years ago. When protest is made on ethical grounds against anybody entering the Chicago Medical Society, I marvel at our inconsistencies.

There is more quackery inside the regular fold than there is outside it. We now go as far as we dare, and with some of us that is mighty near the limit. As there would seem to be no way to officially stop the combination of scientific pretensions with the advertising methods of the charlatan by some of the "men higher up," it would certainly be fair and logical to give all an equal chance—theoretically "equal," of course.

"Go-as-you-please-every-man for himself and devil take the hindmost" ethics may become a bread and butter necessity ere long. With the smaller medical schools wiped out, the independent medical journals driven to the wall, and all the avenues of publicity and promotion monopolized by a certain dominant coterie, what is the rank and file to do? The medical octopus is attaching tentacle after tentacle to the professional dodo, and the stupid bird placidly dozes, head under wing, and refuses to "sit up and take notice," even when some irreverent insurgent prods him good and hard. The man who is *persona grata* to the octopus will not see the handwriting on the wall, the under dog is blind, and those who "see" but are already established are on safe ground; but what of the young doctor of the future—will there be room for all in the bosom of the mother "Church?" Study the latter day "Fathers" and form your own opinion.

And so, let us drop the bars and give all an equal show at the manger. Then let the young doctor "go and do something" which merits publicity and promotion, and get into the spot-light as best and as often as he can. He will grow by the ads he feeds on. Original "Observations of the Relative Pulmonary Pressure in Caisson Workers and Passengers on Aeroplanes" would be up-to-date and should do the business. But he would best hurry up, or some of us "ethical" professors will "beat him to it." He is welcome to the tip.

Meanwhile, let us enforce the written and unwritten laws of medical ethics on big and little men alike. A few honest attempts at discipline might clear the atmosphere—if too many "harmony" microbes were not destroyed. In my opinion, the best thing that could happen would be to find some "ethical" newspaper scientific "discoverer" who was honest and brave enough to "fess up," and who would in the next breath tell the Ethical Relations Committee to go to the devil. I would take great pleasure in acting as attorney for such a man. For my line of argument revert to reasons 1 to 9. *Why would I defend him? Because I should be op-*

posed to making an example of an honest offender, when we have officially whitewashed so many who "didn't know how it happened. (2) Because under existing conditions fairness and justness tentatively demand an ethical policy of an almost "go as you please" character, governed only by the question of personal rights and good taste, and (3) Because recent events have shown so many fingers in the unethical flesh pots that the prisoner at the bar would be acquitted on the ground of established usage and multiple precedent in high places.

Briefly, may it not come to this, viz: That we shall quit straining at gnats and swallowing camels, acknowledge the corn and "get down to brass tacks," confessing that the practice of medicine is no longer a profession, and has not been for lo, these many years, but is a "business." Then, would we not be compelled to wash the slate clean of our ethical bunk and hypocrisy and meet the Twentieth Century spirit half way? Is there any alternative save to be consistent, reform and revise our ethics, separate the tares from the wheat and decide "who's who" in medicine?

We will soon have to decide which road to take. We can't beat around the bush much longer. The laity already is laughing at us.

REMARKS ON THE TREATMENT OF FRACTURES.

BY EMORY LANPHEAR, M. D., PH. D., LL. D.

St. Louis, Mo.

*Professor of Surgical Anatomy and Clinical Surgery in the
American Medical College.*

All surgeons now are agreed that in simple fracture when the deformity can be reduced—and reduction should always be made in complete narcosis save in minor breaks, such as of the phalanges—and good position maintained by

splints, treatment should be by the closed method. Even though the X-ray shows a lack of exact end-to-end approximation it is unnecessary to operate if there is not enough deformity to be detected easily by the eye.

But whenever there is such lack of approximation that decided over-lapping, want of contact of fracture-surfaces, or decided angulation persists in spite of splints it is advisable to cut down upon the point of injury and repair the solution of continuity by suture with aluminum-bronze or silver wire or twenty-day chromic catgut. The wound must be closed without drainage and fixation appliances put on with the same care, and of identically the same design, as in cases where no incision is made.

Operation must also be urged whenever there is an interposition of soft structures or of fragments of bone.

With compound fractures one follows the same rule: if the broken ends do not easily fall into ideal apposition, and are not readily retained in proper position after reduction under chloroform or ether, wide incision must be made and the bones sutured so as to give as nearly perfect apposition as possible.

In fracture of the skull it should be the invariable rule to operate (a) whenever there is a depression, (b) whenever one even strongly suspects comminution, and (c) in every case where unconsciousness comes on some time after injury—indicating rupture of some meningeal vessel.

Severe, localized pain after traumatism may be due to subperiosteal fracture, or separation of the epiphysis, without abnormal mobility, marked deformity or crepitation at time of examination. This kind of fracture is particularly likely to be found in children; notably in injuries to the head of the humerus or the femur, or at the elbow. These fractures are nearly always transverse and present no prominent symptoms save extreme, localized tenderness and suspension of function. An X-ray picture should, when possible,, be taken in every suspicious case, and even that may fail to reveal the actual trouble. If recognized early,

perfect immobilization will give satisfactory results; if found late it must be treated by suturing with No. 3, twenty-day, chromic catgut through drill holes.

Fractures of the spine presenting symptoms indicative of pressure upon the cord (from clots or bony fragments), without complete destruction of the gray matter of the cord imperatively call for instant operation.

The time for operation in any fracture is the earliest moment that consent of patient can be obtained and the services of a competent operator secured. If delayed until the rarefying process is well advanced the chances of securing good results are vastly diminished.

Whenever possible radiographs should be secured prior to as well as immediately after operation. These establish the necessity for operating and prove the skillful repair of the injury.

The advantages of open treatment, even in cases heretofore regarded as not demanding operative interference are (1) immediate relief from pain due to (a) movement of fracture-surfaces and (b) tension from extravasated blood; (2) accurate approximation of ends; (3) perfect retention of ends of bone, thereby preventing (a) deformity and (b) shortening of the limb; (4) removal of interposing structures—of especial import in fracture of patella; (5) removal of clots; (6) repairing injuries to neighboring structures—torn tendons, lacerated ligaments, bleeding vessels, etc.; (7) prevention of excessive callus—a most important point when the fracture involves or is near to an important joint; (8) fragments of bone which might greatly prolong perfect bony union (or even form sequestra) may be removed; (9) earlier and more perfect union may be secured—if there be no infection by operator or assistant. With favorable surroundings and an experienced operator no physician need have any hesitancy in advising the conversion of a closed fracture into an open one.

It is perhaps unnecessary to state, at this late date, that both operator and assistant should wear rubber gloves and

that guaze and towels as well as instruments should be boiled for twenty minutes in 2 per cent carbonate (not bicarbonate) of soda at time of operation, if done outside of a hospital with modern sterilizing outfit; and that the most scrupulous care must be exercised not to infect the simple fractures nor to further infect the compound ones by introduction of more cocci of suppuration through careless handling or injudicious attempts at securing perfect cleansing of the injured tissues.

For cleansing the wound in compound fractures perhaps tincture of iodine in full strength, rubbed in with a piece of gauze, is the best germicidal agent we possess. When the injured surfaces are covered with dirt, mixed in grease, gasoline may be used for first cleaning, followed by the iodine. No scrubbing of abraded surfaces with brush or gauze is permissible, as it would disseminate the germs and cause serious trouble in cases which otherwise might be cured with ease.

In the use of plaster of Paris for splinting, it is best to make troughs rather than to apply (as is usually done), as a roller-bandage. Or if applied as a bandage the front part should be cut away so as to permit of frequent dressings of the injured soft parts without contamination of all of the guaze and other envelopes of the limb.

THE BEST ALKALINE WASH.

W. HARPUR SLOAN, M. D.

*Chief Ear Department, Medico-Chirurgical College,
Philadelphia, Penna.*

There are many alkaline preparations on the market that are used daily with varied results in conditions where such preparation is indicated. I have tried most of them in all conditions and after an impartial trial, I am compelled

to say that the preparation known as "Glyco-Thymoline," made by Kress & Owen Co., stands at the head of the list; its formula is one that would commend its use, the ingredients being of an antiseptic and non-irritating nature.

Having formed this opinion of "Glyco-Thymoline," I have concluded to report a few clinical cases where it has given me good results.

Case No. 1, M. L., age 23 years, came under my care suffering with a distressing case of Ozena. The turbinated bones on both sides of her nose presented a condition of marked atrophy; there was a complete loss of smell and taste, and a formation of crusts in the nasal chamber; the stench of same was foul. She complained of continual headache, and other symptoms of a depleted and run-down system. I placed her on a tonic of Iron, Arsenic and Strychnia, internally; locally I ordered the use of "Glyco-Thymoline" in a K. & O. Douche three times a day diluted. After one month's treatment the crusts had ceased to form; there was a complete restoration of taste and a slight return of smell; the general health was improved, and the patient herself well satisfied with results.

Case No. 2, C. A., age eight years, came to me suffering with a severe Otorrhea following Scarlet Fever. There was a muco-purulent discharge from both ears that rendered the child completely deaf; the auditory canal was excoriated and sore, and the general health below par. I used Cod Liver Oil internally, and syringed the ears three times a day with "Glyco-Thymoline." At the end of one month the discharge of pus had stopped; the hearing much improved, and the child's general health very much better.

Most Peculiar Chap.—Jones (with a cold)—"I med a modt unusual fellod an hour ago."

Jinks—"So?"

Jones—"Yed. Said he did n'd know a cure fo' a cold."—George Frederick Wilson, in Lippincott's for January, 1911.

Obituary.

LANDON BRAME EDWARDS, M. D., RICHMOND, VA.

Son of late Rev. John Ellis Edwards, D. D., and Elizabeth Agnes (Clark) Edwards. Born in Prince Edward County, Virginia, September 20, 1845. Academic Education—Private schools, Lynchburg Mill-

A handwritten signature in cursive script that reads "Landon B. Edwards". The signature is written in dark ink and is underlined with a single horizontal line.

tary College, Randolph-Macon College. Enlisted as private, 1863 (before he was eighteen years of age), Southside Artillery, Confederate States' Army, at Drewry's Bluff, Va.; remained in that command until close of the war; paroled at Appomattox, April, 1865. Studied Medi-

cine—Medical College of Virginia, 1865; University of Virginia, 1866; graduated M. D., University City of New York, 1867. House Physician, Charity Hospital, Blackwell's Island, New York City, 1867-68. Assistant Physician, Private Nervous Disease Hospital, Lake Hahopac, N. Y., 1868. Secretary Lynchburg (Va.) Medical Society, 1868-71. Active in organizing, and one of founders, Medical Society of Virginia (November 2, 1870); secretary continuously from organization (except 1883); elected Honorary Fellow, 1892. Married, January 17, 1871, to Nannie Pettyjohn Rucker, of Lynchburg. Moved from Lynchburg to Richmond, Va., 1872. Member State Board of Health from organization, 1872, to 1908. Founder Virginia Medical Monthly, April, 1874 (changed to Virginia Medical Semi-Monthly, April, 1896). Lecturer—Medical College of Virginia—Anatomy, 1874, Materia Medica and Therapeutics, 1875, on New Remedies, 1876, and Medical Jurisprudence, 1877. Surgeon First Regiment, Virginia Volunteers, with rank of major, 1875-82. Acting assistant surgeon, U. S. Marine Hospital Service, Port of Richmond, 1880-82. On organization of University College of Medicine, 1893, elected professor Practice of Medicine; chairman Faculty of Medicine, 1898-1907; professor Clinical Medicine, 1900; on resignation in 1907, elected emeritus professor of Medicine. Member various medical organizations, including American Medical Association; Richmond Academy of Medicine and Surgery, of which he was at one time president, as also former president American Medical Editors' Association and of American Medical Publishers' Association. Honorary member West Virginia State Medical Society; of Medical and Surgical Society, District of Columbia; of National Association of Railway Surgeons. Contributions to literature—all medical—chiefly as editor. Author of "Simple Continued Fever," *Twentieth Century Practice of Medicine*, 1899. Member Delta Psi Fraternity; A Mason; Pythian.

It is an easy and pleasant task to enumerate the honors received and the high positions held by a man occupying a prominent place in the public eye; but how difficult it is to describe the private virtues, the cheerful spirit, the industry, the upright character, the forgiving disposition, and the loving charity of the noble heart of one whom we love!

Landon Brame Edwards was born September 20, 1845, in Prince Edward County, Virginia. As was the custom in those days, his father, a distinguished minister of the Methodist Church, had him educated at the best private

preparatory schools. He entered Randolph-Macon College, where he pursued his studies with distinction, till this institution was closed by the Civil War.

Filled with patriotic zeal for the defense of his native State and the cause of the South, he enlisted, a mere boy, in the Southside Artillery of the Confederate Army in 1863. With this command he saw active service at Drewry's Bluff, Howlett House, and other points. While performing his honorable part as a soldier, he never lost sight of his future life-work. He eagerly took advantage of the kindness of the Army Surgeons to assist and study the varied injuries and diseases attendant upon armies in conflict. He closed his army service with General Lee at Appomattox, April 9, 1865. He graduated in medicine from the city of New York, March, 1867, having previously spent one year each at the Medical College of Virginia and the University of Virginia. After a year's hospital work in New York, he returned to Lynchburg, Va., in 1868, to engage in private practice. Here he married, and remained till 1872, when he moved to his late residence, Richmond, Va.

He was one of the leading organizers of the Medical Society of Virginia, a charter member, and secretary of its organization. In all the forty-one years, he missed only one meeting—the last, from which he was detained by his final illness, which resulted in his death on November 27, 1910. In April, 1874, he founded the *Virginia Medical Monthly* (changed to the *Virginia Medical Semi-Monthly*, 1896), which at once took and held the leading place in medical literature of the South. He was one of the founders of the University College of Medicine, and held for a number of years the chairs of Practice and of Clinical Medicine.

It would be a tedious task to name all of the other many positions which came to him unsought, but so richly deserved, and the duties of which he so fully discharged. The question often asked is: How did he find the time? Its answer is not difficult. In the first place, his love and capacity for hard work were phenomenal. For a great

many years he kept in close touch with a large practice, edited all of the manuscripts which appeared in his journal, did all of his own correspondence by hand, and attended to all of the State Society's work himself. Any one of these positions would have kept a man busy. It was only by arduous and persistent effort, together with the burning of much midnight oil that he was enabled to accomplish what he did. He was a clear and vigorous thinker and an incisive writer.

Next to his great capacity for exacting detail work must be placed his will power. Often when suffering from the extreme lassitude of his disease (interstitial nephritis) he would call for assistance in dressing, go down in his office, and at once start on his multifarious labors, seeming to gather strength and inspiration from the mere fact of doing things.

After all, his steadfast friendship and loving kindness were the characteristics which most endeared him to the hearts of his patients and brother practitioners. How many who read these lines will not recall pouring into his sympathetic ear some doubtful point in diagnosis or some misunderstanding with some fellow physician, or fancied or real slight by the State Society, and how patiently he listened and then counselled the right and proper course? An amiable man is often a weak man; but not so in this case. While ever a ready listener, he was positive and firm in his convictions. He was a great man—not as the world considers greatness of power, pomp, and wealth—but he had the kind of greatness which ever lives in the hearts of those who knew him, and admire work, energy and brotherly love.—M. D. HOGE, JR., M. D., in *Va. Medical Semi-Monthly* of Dec. 9, 1910.

JAS. BALAAM STEPHENS, M. D., died suddenly and quite unexpectedly at a local infirmary in this city at 10:30 p. m., Saturday, Dec. 10, 1910. In his death the city and state have lost a valuable and most useful citizen, his church a

devout and highly esteemed and respected member, and the medical profession one of its most reputable, courteous and universally beloved co-laborers.

The following from the *Nashville Banner* of Dec. 12th, is the story of his "taking off." The illustration in this journal was kindly furnished from the same source:

"Dr. James B. Stephens, aged 77, one of the oldest and best known practicing physicians of this city, died Saturday

cat

JAMES BALAAM STEPHENS, M. D.

night at 10:30 o'clock at Fort's Infirmary, as the result of a shock received at 6 o'clock the same evening when he was thrown from his buggy at the corner of Eighth avenue and Broadway, the vehicle being struck by a taxicab. Although rendered unconscious at the time, Dr. Stephens revived quickly and was smoking a cigar and conversing with members of his family a few minutes before a stroke of apoplexy caused his death, due either to a hemorrhagic in-

farct, or possibly an embolus, which began to be manifest only a few minutes before 10 o'clock, which gradually deepened until the end came.

"W. J. Dixon, the driver of the taxicab, was not arrested at the time of the accident on request of Dr. Stephens, but, following his death, Patrolman Lee Sanders arrested him Sunday morning and registered him at the police station on the charge of fast and careless driving. He gave \$25 bond for his appearance in court on Monday morning, and was promptly acquitted on his appearance in court.

"At the time of the fatal accident Dr. Stephens was returning to his office, 207 Eighth avenue, North, after having visited a patient. At the corner of Broadway and Eighth avenue his buggy was struck by the taxicab and the vehicle was overturned, pinning him beneath it. According to witnesses, the taxicab was brought to an immediate stop. A number of people rushed to the spot, one of them holding the frightened horse, which was trying to run away, and others lifting the buggy off the unconscious man. Dr. Stephens was carried into the drug store of Dr. E. J. Schott on the corner and came to himself in a few minutes. He stated immediately that he was not injured and was opposed to being taken to an infirmary. However, he consented after a few minutes and was placed in the taxicab which had caused the accident and hurried to the place. On the way to the infirmary, Dr. Stephens stated to Patrolman Carney, who was accompanying him, that he did not want the taxi driver arrested, since he seemed so sorry of the trouble. The driver had made an attempt to get away and had done all in his power to help the injured man after striking his buggy. Acting on the request of Dr. Stephens and believing that he was only slightly bruised, Officer Carney allowed the boy to go on his way. An examination of the injured man showed that no bones were broken and it was thought that he would be able to leave the infirmary in a few hours. His death came without warning of any sort.

"Dr. Stephens had practiced medicine in Nashville for 35 years, and was a well known figure on the streets. He was a son of Rev. Jeremiah Stephens, a zealous and faithful minister of the Primitive Baptist Church, and a brother to Dr. J. Bunyan Stephens, a prominent Primitive Baptist minister of this city, and had one son Dr. Ernest L. Stephens, of Fort Worth, Texas. Another brother, Dr. J. K. Stephens, of Bald Knob, Ark., and a sister, Mrs. Joe Lofton, of Chapel Hill, also survive him.

"Dr. Stephens was born at Chapel Hill, Tenn., Oct. 18, 1834, and received his medical education at the University of Nashville, graduating in 1857. After graduation he practiced a number of years in Como, Henry county, where he is still remembered by a large number of warm friends. His wife, who was a Miss Annie Eliza Gardner, died about five years ago. He was the father of two children, the son mentioned above and a daughter, Miss Eugenia, who died in early womanhood. From Como Dr. Stephens came to Nashville, and has since practiced here. He was a prominent Mason, and a member of the Primitive Baptist Church.

At the meeting of the Nashville Academy of Medicine, called to take action in regard to the great loss sustained in the death of one of its most zealous and reliable members, and at one time its President, appropriate remarks were made by some of its older members, in which several characteristics of his life were brought out. He was in every sense of the word a true Christian gentleman; he was an honest man; his courtesy and kindly feeling towards his associates; and his punctuality in filling all professional engagements, were among the characteristics of a well beloved and highly esteemed colleague.

A committee was appointed to draft memorial resolutions to be submitted to the Academy at its regular meeting on the night following; another committee was appointed to arrange for a suitable floral design; and by unanimous vote it was agreed to attend his funeral in a body.

Editorial.

SOUTHERN SURGICAL AND GYNECOLOGICAL ASSOCIATION.

This progressive and exclusive medical organization held a very satisfactory and enjoyable meeting in the city of Nashville Tuesday, Wednesday and Thursday, December 13, 14 and 15, 1910. Some very able and instructive papers of a high order with most excellent discussions thereon was the special feature of the meeting.

We regret that our limited space will preclude a full report of the sessions, but they were all good without a single exception, and the next volume of the transactions will be quite an addition to the special lines of literature occupied by this association.

The meetings were held in our new Hermitage Hotel and it attracted most favorable comment on all sides. The annual address of the President, Dr. W. O. Roberts, of Louisville, Ky., which was delivered before the full assembly in the hall of the hotel, was literary rather than scientific, dealing biographically with men who have added so much to the high standing of Southern surgeons and physicians; his remarks embraced the names of Southern doctors who were prominent in the South between 1806 and 1892. It was a most excellent literary production, referring to such men as Paul F. Eve, William T. Briggs and W. D. Haggard, whose names were for so many years household words in our Southern land.

The social features of the meeting was the trip to the Hermitage on Wednesday afternoon, the reception at the home of Dr. M. C. McGannon from 5 to 7 p. m. of the same day, and on Thursday afternoon the luncheon tendered at the Rathskeller of the hotel by the popular Secretary of the Association, Dr. W. D. Haggard. With the exception of these features the remainder of the time was fully occupied by the valuable and instructive papers and discussions.

The next meeting of the Association will be held in Washington City, and the following officers were elected: Dr. Rudolph Matas, of New Orleans, President; Dr. Guy L. Hunner, of Baltimore, Vice-President; Dr. J. Garland Sherrill, of Louisville, Vice-President; Dr. W. D. Haggard, of Nashville, Secretary, and Dr. W. S. Goldsmith, of Atlanta, Treasurer.

The following honorary members were also elected: Sir Thomas Miles, of Dublin; Mr. Mayo Robeson, of London; Mr. Arbuthnot Lane, of London; Mr. B. G. A. Moynihan, of Leeds; Mr. Robert Jones, of Liverpool; Mr. H. J. Stiles, of Edinburgh, and Mr. Rutherford Morrison, of New Castle-on-Tyne.

The following new members were elected: James E. Moore, Minneapolis; John Staige Davis, of Baltimore; Francis Randall Haynes, of Washington; Granville S. Hanes, of Louisville; August Schachner, of Louisville; Robert Lee Payne, Jr., of Norfolk; Edward Grove Jones, of Atlanta; W. A. Bryan, Robert Caldwell and A. B. Cooke, of Nashville.

A New Line of Parke, Davis & Co.—"Everything under the sun for physicians" might be suggested as a motto not inappropriate for Parke, Davis & Co. The thought is prompted by the recent incursion of the company into the field of surgical dressings. It was something like a year ago, if we mistake not, that Chloretone Gauze and Formidine Gauze were launched in modest fashion, the purpose evidently being to let them find their way into the medical armamentarium in the natural order of events rather than by artificial fostering. Their reception by the profession must have been gratifying, for the line soon began to expand. Now it numbers six gauzes and tapes, and we note a disposition on the part of the company to bring them more prominently to the attention of physicians. For this reason a word or two in explanation of them may not be out of place.

The line includes Chloretone Gauze, Formidine Gauze, Formidine Tape, Adrenelian Tape, Plain Tape and Anesthone Tape. What has been said of the therapeutic properties of Chloretone, Formidine, Adrenalin and Anesthone (and most physicians are well acquainted with these products), is applicable to the surgical dressings. Chloretone Gauze applied to raw surfaces exerts an anesthetic and antiseptic action, promoting the comfort of the patient. It is markedly useful in extensive burns. Formidine Gauze takes the place of iodoform gauze. It is more actively antiseptic, does not stain the clothing, is non-toxic, and is practically odorless. Formidine Tape, which comes in two widths ($\frac{1}{2}$ inch and $1\frac{1}{2}$ inches), is used for packing cavities antiseptically. Adrenalin Tape, supplied in $\frac{1}{2}$ and $1\frac{1}{2}$ inch widths, is serviceable in tamponing cavities to check hemorrhage. Plain tape, which also comes in the two widths above mentioned, is used for packing and draining small wounds and cavities. Anesthone Tape is serviceable in the various forms of nasal hyperesthesia. All of the tapes are double-selvaged and when removed from wounds do not leave short threads to cause irritation.

Parke, Davis & Co. issue a small pamphlet descriptive of their medicated gauzes and tapes. Physicians who have not received a copy are advised to write for one. The dressings are pretty generally carried in well-stocked pharmacies.

A SULPHIDE.

By MAZIE V. CARUTHERS.

WHY should I wear upon my head
A thing bizarre and queer,
With a stiff high brim and a rat tail plume
Like an Old Guard Grenadier?

WHY should I hook-and-eye myself
Up in odd cuirasséd frocks,
While every feminine curve is lost,
And sense of comfort mocks?

WHY should I practice martyrdom
And have to stand all day?
Strait jackets are not in it when
One's stays are built au fait!

WHY should I ape the mop coiffure,
The love-locks, and the swirls,
Or pile my aching brow with braids
And bargain-counter curls?

WHY be a Bromide? WHY, in fact,
Do all these stunts? I don't.
For I'm a bold, brave Sulphide, and
Have learned to say: "I WON'T!"

Lippincott's for January, 1910.

The Bromides.—"The great popularity of Peacock's Bromides has led to the introduction of numerous substitutes, alleged to have the same composition and efficacy. While imitation is the sincerest sort of flattery, it has been demonstrated by careful chemical analyses made by prominent chemists that these preparations do not bear the faintest resemblance to Peacock's Bromides in composition, either as regards the purity of their ingredients or the presence of all the mixed salts."

Seng.—"A therapeutic study of Seng indicates that it acts in a two-fold manner—first, by directly stimulating the glands of the stomach and intestines; and secondly, by imparting tonicity to the muscular

coat of these structures. As a result of its administration the gastrointestinal secretions are promptly augmented, and the mechanical functions generally described under the loose term, peristalsis, are re-established and reinforced. The digestion of food is substantially increased and fermentative processes due to lack of digestive fluids and general stagnation are promptly overcome. With a decrease of fermentation, the gastric irritation, pain, gas formation and consequent distension are rapidly controlled."

The Restlessness and Sleeplessness of Pneumonia.—The relief of restlessness and sleeplessness of pneumonia calls for the use of a soporific that will not depress the heart, yet it must possess an effectiveness, otherwise its only influence will be to disturb the already suffering stomach.

The unusual value of PASSIFLORA INCARNATA (Daniel's Concentrated Tincture) as an agent of its class and its freedom from depressing effects, insure that no better agent than it can be chosen to allay the restlessness and sleeplessness of pneumonia. It has been demonstrated that every virtue of chloral and the bromides is to be found in PASSIFLORA (Daniel's) with none of their disadvantages. A sample may be had by addressing the Laboratory of John B. Daniel, Atlanta, Ga., if you have not already received a bottle.

Some Posological Hints and Other useful Information is the title of a most excellent and useful little pamphlet sent out by The Fellows Company of New York. Its value can only be appreciated by seeing it, and "this is easy"—it only being necessary to make your wishes known to the above named company at 26 Christopher St., New York City.

The following subjects are "hinted" at in a most useful and practical way viz:—Absorption and Elimination, What to avoid in Prescribing, Incompatibility, Table of Incompatibilities, Diuretic Agents, Cathartics, Anthelmintics, Anti-Emetics, Overdose Symptoms of Drugs, and Diet Table for Tubercular Patients. Any Doctor would find it no waste of time by memorizing every hint in this brochure. The hints are all obtained from some of our recognized and standard authorities.

Useful Remedies for the Heart:—"The great bulk of clinical evidence leaves no doubt that Cactina Pillets is an eminently useful remedy for the heart when properly indicated and properly applied. At any rate, the wealth of facts gleaned from bed-side experience cannot fail to stimulate the interest of every open-minded physician who is striving constantly to accomplish the best possible results in the best possible way."

Congested Portal Circulation:— "Chionia acts purely as an hepatic stimulant, and produces a therapeutic action on the liver that cannot be produced by any other remedy in the *Materia Medica*—never causing nausea or nervous prostration, which so often follows efforts to remove the congested condition of the portal circulation by severe hepatic remedies."

In addition to its pronounced antiseptic action, natural salicylic acid possesses antithermic, analgesic, cholagogic and eliminative properties. Besides there are few drugs which can excel sodium salicylate from the natural oil in its action on the liver, as it stimulates that organ to increased activity, causing a greater flow of the bile which is rendered more watery and is excreted under a higher pressure.

Tongaline not only possesses all the therapeutic properties of the natural salicylic acid, but on account of its other ingredients has a much wider field of usefulness.

By its highly stimulating action on the liver, the bowels, the kidneys and the pores, Tongaline eliminates promptly and thoroughly the poisons or germs which are the cause of the trouble, securing that tranquilization which is such an important factor for bringing about an early recovery.

Tongaline Tablets and Tongaline and Lithia Tablets are most convenient and effective combinations for rheumatism, neuralgia, grippe, gout, nervous headache, malaria, sciatica, lumbago, tonsillitis, heavy colds and excess of uric acid.

After the acute paroxysms of fever are checked by quinine, a slow form of fever sometimes persists, not amenable to that drug, when Tongaline and Quinine Tablets are particularly indicated.

Ponca Compound containing extract of mitchella repens, senecin, caulophyllin, helonin and viburnin is an excellent remedy for functional, uterine and ovarian disorders.

Samples sent, postpaid, to physicians on receipt of request by Mellier Drug Company, 2112 Locust St., St. Louis, Mo.

The theory that mucous membranes in pathological states are self cleansing is a position that can no longer be scientifically sustained and it is only when we fail to recognize the fundamental principle that mucous membranes must be cleansed and kept clean do we get into trouble and to this end mild antiseptic solutions are necessary.

Fail in this, and you only leave area of infection that will lead you into further trouble.

In the treatment of the inflammation of mucous membranes it must be remembered that we have with a highly sensitive tissue, one with an active nerve and large blood supply. Here we have at once two reasons why strong antiseptic solutions, such as nitrate of silver

or permanganate of potassium should be used only in the mildest solution, better not at all.

1st. After the secretive mucous membrane is cleansed it can easily be kept so and by a mild solution.

2nd. Mucous membranes if kept clean heal readily by virtue of their rich nerve and blood supply. Strong antiseptic solutions destroy the normal function of mucous membrane.

The treatment of nasal catarrh is not necessarily the work of the specialist. You will find that Germiletum applied with nasal douche or spray, holding solution in contact for two or three minutes will thoroughly cleanse the nose, mouth and throat and keep it so. The normal functioning of the membranes will soon become evident.

Fairchild Brothers and Foster.—Specialists in the Applied Chemistry of the Digestive Ferments offer preparations of the gastric and pancreatic juices which are true to name, containing the particular digestive enzymes as described and of the particular degree of activity stated, under well known conditions of assay. These products have invariably been found to possess the properties, and perform the particular service stated as actual digestive agents for the peptonisation of foods—farinaceous, cereal, milk, beef, etc. Thus every time they have been used they have been actually "tested".

It is an axiom, that "we know digestive enzymes only by their action". In pharmacy and in medicine we deal only with active enzymes capable of demonstrable action; and the test for the presence and activity of an enzyme is as conclusive and as demonstrable as the test or reaction for quinine, or arsenic.

Fairchild Brothers & Foster have persistently and consistently sought to advance the application of the digestive enzymes in every useful direction, and to develop their possibilities in medicine. They have, therefore, never made inert, feeble and incompatible preparations. Whenever and wherever dispensed a product of the digestive ferments bearing the name Fairchild will be found reliable in the most unequivocal sense of the word.

Direct Medication.—There is no subject on which the manufacturing pharmacist is more frequently commended than upon the exhibition of a pharmaceutical preparation which approaches a specific effect for specific conditions of disease, and the appreciative comments we are constantly receiving from physicians in regard to Respirazone (Tilden's) as an anti-asthmatic is a source of unending gratification to us.

In the treatment of Asthma and other spasmodic respiratory disorders such as Whooping Cough, Spasmodic Croup, Laryngismus Stridulus, Hay Fever complicated with Asthma, there is a well defined

demand for a remedy possessing power to allay hyperesthesia, subdue inflammation, relax muscular tension and having such alterative powers as are necessary to produce proper resolution of inflammatory exudates. These demands are promptly met by Respirazone (Tilden'). Hence its reputation as the greatest of anti-asthmatics and its extensive use as a means of direct medication for all the above-named conditions. Therefore, we ask you, Doctor, have you tried Respirazone in your practice? If not, we should be glad to respond to your request for a sample, that we may convince you that: Respirazone (Tilden's) relieves Asthma quickly and effectively.

Influenza—Pertinent Thoughts.—With each succeeding visitation of this trouble, we have found it more and more necessary to watch out for the disease in disguise, and to treat these abnormal manifestations; consequently we have relied upon mild nerve sedatives, anodynes and heart sustainers, rather than upon any specific line of treatment. Most cases will improve by being made to rest in bed and encouraging action of liver and kidneys with possibly minute doses of blue pill or calomel. We have found much benefit from the use of Antikamnia and Cadene Tablets in the stage of pyrexia and muscular painfulness and as a sedative to the respiratory centres. In the treatment of influenza or la grippe and its sequelae, its value is highly esteemed. In diseases of the respiratory organs following an attack of la grippe, pain and cough are the symptoms which especially call for something to relieve. This combination meets these symptoms, and in addition, controls the violent movements accompanying the cough. To administer these tablets in the above conditions, place one tablet in the mouth, allowing it to dissolve slowly, swallowing the saliva.

The After Care of a "Bad Cold"—The young, virile, robust person who contracts what is known as "a bad cold," rarely suffers long from such affection, as the superior resisting power of such persons soon overcomes the virulence of the infecting agent and recovery is rapid and complete. It is apt to be very different, however, with those whose phagocytic activity is "below par," due to advancing years or general devitalization from whatever cause. For such patients something more than expectorants or respiratory sedatives is required. General nutritive and reconstituent measures are indicated and a quickly acting and substantial medicinal tonic almost always materially hastens recovery in such cases. Pepto-Mangan (Gude), with which is combined an appropriate dose of strychnia, is the ideal supportive treatment, as the combination not only tones the nervous system, but also supplies in palatable, tolerable and immediately assimilable form the organic iron and manganese needed to revitalize the

blood and infuse force and vigor. In the case of young children it is perhaps wise to depend upon Pepto-Mangan (Gude), without strychnia.

Danger Due To Substitution.—Hardly another of all the preparations in existence offers a wider scope to imposition under the plea of "just as good" than the scientifically standardized Eucalyptol. The most recent fraud practiced in regard to this product is an attempt to profit by the renown of the firm of Sander & Sons. In order to foist upon the unwary a crude oil, that had proven injurious upon application, the firm name of Sander & Sons is illicitly appreciated, the make-up of their goods imitated, and finally the medical reports commenting on the merits of their excellent preparation are made use of to give the desired lustre to the intended deceit. This fraud, which was exposed at an action tried before the Supreme Court of Victoria, at Melbourne, and others reported before in the medical literature, show that every physician should see that his patient gets exactly what he prescribes. No "Just as Good" allowed.

Lippincott's Magazine for January, 1911, comes a booming and as usual is on time, with a most interesting and entertaining "menu." The complete story is "LISTA" by Zona Gale, a swift moving love story, crisp, distinctive, charming and characteristic of this brilliant story writer. The Temple of Trouble, by Willard D. Eakin, showing what our congressmen have to put up with, entertaining and unusual short stories by Geo. L. Knapp, Thos. Chesworth, C. L. Edholm, Florence B. Gorman, N. G. Henshaw and Chas. H. Raymond, with many other noteworthy features by E. L. Sabin, R. W. Bergengren, Jos. M. Rogers, Jane Belfield, W. D. Wedgefarth, Ethel Colson and others, make it a bright and brilliant number. Ways of the Hour, and Walnuts and Wine are both teeming as usual with good things.

Of all the many hypnotics at the command of the medical profession there is none that gives as uniform satisfaction under the conditions as Bromidia. As has been previously stated, the sleep produced is of a true physiological character. It is dreamless, and the patient awakes refreshed and vigorous. In proper dosage, Bromidia is perfectly safe and does not depress the heart. A teaspoonful should be given in water and, if necessary, repeated hourly until four doses have been administered. It is needless to state that, in order that maximum effect may be obtained from the initial dose, the patient should be placed under conditions favorable to the induction of sleep.

During the Cough Season:—For the relief of cough and its causative factor, the physician has in Pruni-Heroin (Wytttenbach) a most effec-

tive weapon. Its constituents are of marked benefit in bronchial and pneumonic inflammations, having been carefully chosen for this express purpose. In addition to these features, Pruni-Heroin (Wytttenbach) possesses soothing properties—a rasping cough promptly subsiding under its influence. In view of these virtues, it is the logical remedy in the cough season. Samples and literature may be had by addressing the Wytttenbach Chemical Company, Evansville, Ind.

The Nurse:—J. S. Tyree, a chemist at Washington, D. C., has compiled a most interesting and useful little booklet upon nursing in the sick room. Its pages are full of useful and practical suggestions, and its easy comprehension renders it of special value to families. The little volume is sent free of cost, upon application to Mr. Tyree. We cheerfully recommend this little booklet to the readers of "The Southern Practitioner."

Diseases of Women:—"In disordered conditions of the liver, indigestion, intestinal atonicity and neurasthenia, the effects of Prunoids are most beneficial. In diseases of women, particularly those occurring at puberty or the climacteric, and in connection with the menstrual function, Prunoids are markedly efficient as a laxative."

"Robinson's Lime Juice and Pepsin" is an excellent remedy in the gastric derangements particularly prevalent at this season. It is superior as a digestive agent to many other similar goods. (See ad. page 17, this issue).

Special Southern Number:—The January issue of the American Journal of Surgery will be composed entirely of original contributions from the pens of well known Southern surgeons.

Selections.

TREATMENT OF TRIFACIAL NEURALGIA—ALCOHOL INJECTIONS—Leszynsky (*Medical Record*, April 30, 1910,) after a general resume of the subject reports ten cases, with excellent results. Sterilization of the skin and instruments is a *sine qua non*. The pain produced by the puncture of the needle is so much less than the excruciating pain that the patient is accustomed to suffer that general or local anesthesia is unnecessary. The region of the foramen ovale is reached much more readily than that of the foramen rotundum. In the latter the passage of the needle may be obstructed by a projecting coronoid process. It may also be dif-

difficult to accurately reach the desired point, owing to some unusual configuration of the skull. X-Ray pictures have not yet satisfactorily shown the relationship of the coronoid process and the zygoma; hence the needle must be guided by the sense of touch and a knowledge of the anatomy of the parts. From two to three cubic centimeters of 80 to 90 per cent sterile alcohol is injected. There is no advantage to the patient from the addition of cocaine or chloroform to the solution, therefore he invariably uses the alcohol alone. When the solution has been accurately placed, analgesia soon develops in the peripheral distribution of the corresponding nerve. Even when this is not accomplished the pain may subside. However, when such reaction occurs, one may confidently assume that relief is assured. It may be necessary to repeat the injections several times in the course of a few days or weeks; according to the reaction.

No serious accidents or complications have been recorded. Slight ecchymosis or swelling of the face sometimes follows the injection, but disappears in a few days. Some rigidity of the muscles around the temporomaxillary articulation occasionally occurs after the injection into the region of the foramen ovale, but it usually subsides in the course of a week. Injection into the inferior dental foramen is, however, commonly followed by muscular rigidity, particularly of the masseter, which prevents the patient from opening the mouth, and may persist for a number of weeks or months. Recurrence of pain may take place from four weeks to fourteen months. The treatment is then repeated. The effects are usually more lasting after several injections, but as a rule patients are unwilling to have them repeated unless the pain returns. In some instances reported by others the injections have not proved successful in curing the patient, either because the needle did not reach the proper location on account of some anomalous conformation of the skull, or the patient refused to submit to a repetition of the injection. Again, in some cases of long duration, a psychosis is developed in addition to the neurosis, the patient still having a fixed idea as to the continuance of the pain, although the area injected is completely analgesic.

This form of treatment when successfully applied is virtually

surgical nerve resection without the resulting scar. There is no good reason today, with the evidence before us, why a patient should be subjected to a cutting operation, when the alcohol injection is equally, if not more, efficacious in the majority of cases. Despite the brilliant results from this therapeutic measure recorded by many competent observers, nerve resection and intracranial division of the sensory roots are still recommended.—*Hosp. Gazette.*

ACETABULAR FRACTURE WITH INTRAPELVIC OR CENTRAL DISLOCATION OF THE FEMORAL HEAD—Dr. William Fuller, Chicago: So close is the relation between fractures and the changes that take place in the bone, whatever they may be, that all such injuries resulting from trivial or slight degrees of violence, should be regarded as possibly belonging to this class. Efforts have been made by several observers to put the etiology of fractures on a physical basis by studying the mechanical capabilities of bone. The great strength of the pelvic bones, their peculiar and wonderful articulations and liberal muscular supply, are factors which singly and combined contribute much to the neutralization of all forms of direct violence exerted on this portion of the body. While Katz's theory of the mechanism of certain acetabular fractures will probably hold good, it is also worthy of mention that the experiments of Kusmin demonstrated that this fracture could or would not occur unless the force be applied with the femur in abduction. When the legs were kept parallel the acetabulum remained unfractured. From impacted fractures of the femoral neck, central dislocation of the femoral head may be differentiated by the age of the patient and the comparatively high degree of injury in the latter instance. The remarkable sunken appearance of the greater trochanter and its slightly altered relation to Nelaton's line are points which distinguish the dislocation. The certainty with which the femoral head may be palpated in either of the interior dislocations of the femur and its increase in length in the thyroid dislocation will serve to differentiate any one of these dislocations from a central one. In the dorsal dislocation, especially one above the obturator internus tendon, the trochanter

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is far above Nelaton's line, the thigh is abducted, flexed, and the axis of the dislocated femur crosses the lower end of the opposite one. Moreover, in the simple dislocation all movements will be less free than when the head and neck occupy a central position. I do not intend that the symptoms of acetabular fracture given here are to minimize in the least the importance of the radiograph, but that each and every manifestation of all hip injuries of whatever nature should be carefully and cautiously considered. In no instance should the clinical findings settle the diagnosis, as they are frequently misleading, and the conclusions based thereon should invariably be corroborated by the roentgenologist. In case of failure to replace the head of the femur within the acetabulum, operation may offer the only hope of satisfactorily dealing with such a condition; but the particular type of

operation and the advantages to be gained by it will depend much on factors opposing the reduction.—*Medical Fortnightly*.

CASES ILLUSTRATING THE EFFECT OF ARTIFICIAL ARTERIAL HYPERAEMIA IN THREATENING GANGRENE OF THE FOOT, DUE TO DIABETIC ENDARTERITIS—Dr. Willy Meyer, at the stated meeting of the N. Y. Academy of Surgery, May 11, 1910, showed these cases. The first patient was a man, 60 years old, diabetic, on whom he did an amputation of the thigh in January, 1907, for dry, rapidly spreading gangrene of the toes and foot. The operation was done under spinal anæsthesia, and with secondary suture of the wound.

About a year and a half later this patient began to show evidences of beginning gangrene of the opposite foot; several toes became affected, and as the man absolutely refused further operative interference, it was decided to try artificial arterial hyperæmia. A suitable hot air apparatus was thereupon provided, and under this method of treatment, which had been faithfully carried out since, the gangrenous process affecting his remaining foot had been overcome. Not one part of the toes necrosed. Two apparatuses were used, alternately daily, one for the thigh and leg with high temperatures, the other for the affected foot with lower temperatures, inasmuch as the affected part can not stand great heat.

Dr. Meyer's second patient was a man, also 60 years old. The case was one of beginning diabetic gangrene involving the toes of both feet, with some œdema and threatening pains that indicated an extension of the process. A properly fitting hot air apparatus was provided, in which the upper and lower portions of the extremities were alternately exposed to a very high temperature. The result of this treatment was beyond expectations. The threatening gangrene failed to extend, the bluish discoloration of the toes disappeared, the patient had remained in comparatively good health and was able to go about without the aid of a stick or other support. He had now been using this apparatus daily for the past seven months, and the treatment was still being faithfully carried out.

As a matter of fact, this treatment will be successful in a certain number of cases only. Still it means an addition to our therapeutic resources, and deserves further trial. It is not indicated in the moist form of gangrene.—*Annals of Surgery*.

THE EXTERNAL USE OF C. P. CARBOLIC ACID, ESPECIALLY IN THE TREATMENT OF BUBOES, FURUNCLES, ETC.—*Wolf Deutsche Medizinische Wochenschrift*, No. 45, 1906.) Closed buboes should be treated with c.p. carbolic acid, applied with a cotton-wrapped probe or match; a band 0.5-1 cm. wide across the swelling, repeated each day until the skin begins to scale; wait a few days and repeat if the swelling is not going. The fluctuating buboes should be similarly treated for two to three days, and if the fluctuation continues, incise—2 cm. long—let out pus, then swab out with c.p. carbolic acid; repeat every two or three days until granulations appear, then dress with iodoform gauze. Suppurating (discharging) buboes are to be treated in a similar way. Small furuncles, if hard, should be touched in the center with c.p. acid. If large, the sebaceous gland or hair follicle should be treated with c.p. acid by means of a small sound. If the boil is soft, it should be incised, and later treatment as described above for buboes. Aphthous and ulcerous stomatitis may be cured by touching once or twice with acid. Scrofulous and tuberculous glands should be curetted and then treated as abscesses.—*Indiana Med. Jour.*

SALICYLIC ACID.—“Salicylic acid, especially its sodium salt, has been recognized as such a reliable cure for acute rheumatism as to be considered a specific.

“From time immemorial the bark of *salix alba*, or willow, has been used in intermittent fever, and even the Hottentots of South Africa have long used an infusion of some species of willow for the cure of rheumatism.

“It is interesting to observe, therefore, just how salicylic acid acts in rheumatism.

“There can be no doubt of the fact that rheumatism is caused by some specific micro-organism and that in various

articular affections the microbes, when they obtain access to the body, find a suitable nidus in synovial membranes and we know that besides the acute forms, other hybrid forms of pseudo-rheumatism can be distinguished which are also due to organisms gaining entrance into the joints, such as gonococcus, pneumococcus, staphylococcus, etc.

"In addition to the pronounced antiseptic action of salicylic acid, it possesses antithermic, analgesic, cholagogic and eliminative properties. Besides, there are few drugs in the pharmacopeia which can excel sodium salicylate from the natural oil in its action on the liver, for it stimulates this organ to increased activity, causing a greater flow of the bile, which is rendered more watery and is at the same time excreted under a higher pressure.

"But one should always use the salicylic acid obtained from natural sources, since this acid has the great advantage of not being a depressant and gives much better results, because it does not contain any of the impurities of the artificial product.

"Natural salicylic acid is the remedy par excellence in rheumatism, and, in fact, the micro-organism of acute rheumatism is just as sensitive to natural salicylic acid as that of syphilis to mercury or that of malaria to quinine.

"Although not as a specific, as in rheumatism, but as an antiseptic and analgesic, the use of salicylic acid in many other forms of local inflammation, such as tonsillitis, urethritis, orchitis, etc., gives satisfactory results, relieving both pain and distress.

"Tongaline not only possesses all the therapeutic properties of salicylic acid from the natural oil, but on account of its other ingredients has a much wider field of usefulness, and is unequalled as an efficient and reliable agent in the treatment of rheumatism, neuralgia, grippe, gout, nervous headache, sciatica, lumbago, malaria, tonsillitis, heavy colds and excess of uric acid."—*The Chicago Medical Recorder*, September, 1910.

DR. KEEN GIVES FIRST-AID TO THE INJURED—Dr. W. W. Keen, of Philadelphia, has great repute as a surgeon. In New York, one winter afternoon last year, he saw a man slip on an icy pavement and fall heavily. He hastened at once to the poor fellow's assistance, and found that he had broken his leg.

Dr. Keen used his umbrella as a splint, and with his own and several borrowed handkerchiefs bandaged the broken limb tightly. As he finished his task the ambulance arrived.

"You've bandaged this rather well," the young white uniformed ambulance surgeon said to Dr. Keen.

"Thank you," replied Dr. Keen.

"I suppose," the youth continued, "that you have been reading up some 'First Aid to the Injured, treatise, eh? They say a little learning is a dangerous thing, but really, the little you have learned about surgery you have put to a good account. Give me your name and address and I'll forward your umbrella to you."

"I'll give you my card," said Dr. Keen. He did so, and the young surgeon flushed as he read upon the card the name of the greatest of modern surgeons.—*Critic and Guide*.

THE INTERNAL SECRETION OF THE PANCREAS—As the result of a series of transfusion experiments, performed by anastomosing the blood vessels of normal animals with animals in which glycosuria had been produced by means of extirpation of the pancreas, E. Hedon concludes that the internal secretion of the latter organ brings about a modification of the blood, preventing glycosuria. But his experiments did not exclude the possibilities of the nervous origin of this condition. The two theories of the nervous and humoral origin of diabetes are not incompatible; it is probable that the pancreas regulates the metabolism of sugar by means of a double mechanism; a complex humoral component and a reflex nervous element related chiefly to the glycogenic function of the liver. As regards the possible role of the bulbomedullary centers in this mechanism, recent experiences of the author have shown that it is not a necessary one. In dogs rendered paraplegic by means of section of the cervical cord, the extirpation of the pancreas produces a diabetes as intense as ordinarily.—*Revue de Medecine*.

NEUROLOGY IN ZURICH.—E. W. Scripture, New York, gives the new theory of brain localization advanced by V. Monakow; one must distinguish between the localization in the brain of the symptoms of a disease and the localization of the function affected. The localization of the symptoms of a cortical lesion means the reaction of the central nervous system to the localized injury. This arises from two factors: the direct anatomical result of the trauma by which a certain part of the brain is set out of activity, and the dynamic factor, the symptoms arising from irritations transmitted to many parts of the brain. This Monakow calls the diaschisis factor; that is, an interruption of functions of portions of the brain outside the region of the original lesion. The cells affected by a lesion are of two kinds; the directly injured cells at the seat of the lesion and the indirectly disturbed cells at other points in the brain. If the indirectly disturbed cells find a way to adjust their activities completely recovery occurs, except from the direct results of the trauma. To get motor-aphasia there must be disturbances widely separated in the brain. Under the newer meaning the center of speech includes all the widely separated parts of the brain that are involved in producing the spoken word. Only the elementary components of action may be localized, as brain reflexes. All mental activities require large numbers of widely separated portions of the cortex for their existence. The author mentions three methods of psychoanalysis and illustrates their uses. They are the method of simple observation of experimental psychology and of psychoanalysis. Of the latter there are several subdivisions. One method is the running of associations. Another is that of assigning a topic concerning which all impromptu thoughts are to be noted down. Another is the study of dreams. Psychoanalysis affords a method of investigation of the subconscious. It enables one to cure many persons who cannot be cured in any other way.—*Medical Record*, December 24, 1910.

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Original Communications.

**A CENTURY'S PROGRESS IN THE STUDY OF PSY-
CHIATRY AND THE NERVOUS SYSTEM.**

BY HAZLE PADGETT, M. D.

*Professor of Clinical Medicine and Nervous and Mental
Diseases and Lecturer and Clinical Instructor in Elec-
tro-Therapeutics and Radiography in the Medical
Department of the University of Nashville and
the University of Tennessee, and Radio-
grapher to the Tennessee Hospital.*

A returning conqueror with the laurel wreath of victory
was never looked upon with greater admiration of wonder
and applause by the people than the laity look upon the

modern surgeon, and justly so; and no journey of Alpine beauty has such wonder for the popular mind as the journey of the silvery thread sprinkled with the red of the budding rose hanging upon the eyes of the needle as it plies through living and quivering flesh. To the ordinary mind that can see actually what is done by the glittering knife, grating saw and spurting blood to the return of life itself, is the acme of human accomplishment. And yet what a contrasting picture is seen in another wonderful branch of medicine, many times without asking a question, with no eclat, demonstration or clapping of hands, and this is the much maligned nervous system, by which even the span of life can be told. There is no more practical subject in the whole domain of medicine than the study of the nervous system, and yet no subject of medical or scientific study and research strikes such terror to the mind and heart of the average medical man, publican and sinner, Levite or Samaritan, as the nervous system, and all due to the fact that its study and teaching have been avoided by preceptor, student and teacher.

The study of, and discoveries in the realms of the nervous system make one of the most interesting pages in the history of general medicine, and yet every inch has been won, every fact has been acquired by earnest, untiring and patient work. I am more than glad to see that the study and teaching of nervous and mental diseases is coming into its own, and is now beginning to occupy that place and prominence in our curriculum that the greatness of the subject demands. It was a slow and tedious journey and a hard fought battle to make the nervous system yield its hidden mysteries, from that time when the ancients thought that the brain was a cold mass that secreted the nasal mucus to the discovery of the neuron and its interpretation in the explanation of many clinical and pathological facts and observations. So silently have many reforms and discoveries in regard to the nervous system been made that even the general medical man has scarcely been aware of

our many and varied acquirements in this line, so little attention has been given the subject; and yet the world has never witnessed two more impressive and startling pictures than the state of the insane a little more than a hundred years ago and now; and the acquisition of our knowledge of neuro-pathology really dates from 1866, at which time *Tabes Dorsalis* was the only spinal disease clearly understood in its anatomy, and from a little later than that dates our knowledge of cerebral localization.

The history of mental diseases makes one of the most interesting epochs in the history of the world's civilization. It tells us of the grossest errors, of the victims of torture, and witches who were only insane persons. Oh! the inhumanity of past centuries and the horrors of insane people left to languish in prisons, penned up with criminals, loaded with chains, the victims of ignorance, and abandoned to the cruelty of a jailor who had no heart or ear for the cry of suffering and plied the whip and scourge mercilessly! It is the story of nothing less than the destruction of ancient prejudices that saw in the unfortunate insane only those who had lost the attributes of humanity and had become animals, mentally dead and abandoned by the Almighty. They were regarded as possessed of evil powers and spirits, and as outcasts and criminals. But this is all changed since the foundation of Psychiatry as a science, and the resulting transference of this most unfortunate class of our fellow men to the care of suitable institutions, fully adequate and well prepared for carrying out their humane purpose.

The history of Psychiatry covers only a short interval in the history of insanity, and from the innumerable causes of this form of disease one is justified in believing that mental diseases existed in the earliest history of man's life; but a thick cloud covers the lives and sufferings of those who lived in the age of error and darkness. The middle ages were most productive of "man's inhumanity to man" in the treatment of the insane. Innumerable were

the witch trials, and alike innumerable were the unfortunates put to death. Maniacal persons were cast into dark dungeons, chained like wild beasts and left to die in filth and misery, and only a few whose delusions gave no offence to the church were permitted to live. So for centuries the fate of the mentally unbalanced remained the same. This gives us one picture of the insane and their relationship to society, and if one would only visit some modern institution where these unfortunates are treated like people who are sick, surrounded by kindness, sympathy, sunshine, encouragement and all the help and support that science and humanity can give, you will quickly see the other side of the picture that shows man's humanity to man; and it was just a little over one century ago when the reform movement was inaugurated in the world in the interests of the insane, and no greater tribute could possibly be paid to American Medicine than to assert that this movement had its inception in America, where these unfortunates were humanely treated and cared for at a time when their treatment elsewhere was more than brutal; but England and France quickly followed this movement that was led by Dr. Benjamin Rush, while in England the battle-cry was uttered by Dr. William Luke, and in France Dr. Philippe Pinel was in the van, single-handed and alone.

Moved by a common spirit, though acting quite independently, these men raised a revolt against the traditional custom which spurning the insane as demon-haunted outcasts condemned them to dungeons, chains and the lash. Hitherto few persons had thought it other than the natural course of events that the maniac should be thrust into a dungeon and possibly chained to his prison wall by an iron band fastened permanently around the neck or waist. Thus manacled many an unfortunate was held to the narrow limits of his dungeon cell for years without a single ray of sunshine ever penetrating its terrible gloom, and sometimes, iron being quite costly the chain was so short that the poor victim could not rise to the erect position, or but very slight-

ly change his position on his squalid pallet of damp and dirty straw.

There were no "middle age" precedents to crystallize into established customs in America, hence the treatment accorded the insane had seldom or never fallen to so deplorable a degree, and possibly for this reason, perhaps, the work of Dr. Rush at the Philadelphia Hospital in 1784, by means of which the insane came to be humanely treated, even to the extent of abolishing the lash, has been but little noted; while the work of the European leaders though belonging to a somewhat later period, was made famous. This is not to be wondered at and is not as unjust as it may seem, for the European worker had a much stronger prejudice and custom to overcome and destroy than was the case in America. In Paris, Pinel for example, of whom I have spoken, was obliged to ask permission of the authorities even to make the attempt to liberate the insane from their dungeons and chains, and notwithstanding his recognized position as a leader of science, he gained but grudging consent, and was regarded as being himself but little better than insane for making such an unpopular, unwise and hopeless attempt. After the attempt was made and carried to a successful issue, the betterment brought to the insane was so very plain that the fame of Pinel and his work and accomplishment at the Salpetriere and the Bicetre spread abroad; but it required many years and still more patient work to complete it in Paris, and after that a lifetime of effort on the part of Pinel's student Esquirol and others to extend the reform to the provinces.

, The significance of this wise and humane reform was the establishment of the fact that demoniacal possession was nothing more than the outward manifestation of a diseased state of the brain. This realization made it clear as never before, how intimately connected and linked are the mind and body; and so it chanced that in striking the shackles from the insane, Pinel and his confreres struck a blow at time-honored, philosophical traditions. The liberation of

the insane from their dungeons was an augury of the liberation of Psychology from the musty recesses of abstruse and now fortunately decadent metaphysics. Before this, Psychology as far as it existed at all, was but the subjective study of the individual mind, and in the future it must become objective as well, taking into account the relations that the mind bears to the body, and especially to the brain and nervous system generally.

As it has played such a part in the history of the mind and the nervous system I cannot pass without mentioning Phrenology. The necessity for this collocation was advocated quite as earnestly and even more directly by another worker of this period, whose studies were allied to those of the alienists, and one who concentrated his studies more upon the brain and its functions than they, and this person was the German, Dr. Franz Joseph Gall, the originator of Phrenology that had its day of popularity, and to say the least of it, through its influence and study the relationship of mind to brain was popularized. At this period was one among the unprejudiced class of workers, a young Frenchman, Louis Antoine Desmoulins, who discovered that the brain of the aged lost an appreciable amount of weight, and upon reporting this discovery to the French Academy, that great and august body of scientific men was moved to a great wrath and forbade the young Desmoulins any further privilege in the Academy. While these studies of the brain were being carried on, the nervous system, in contradistinction to the brain and mind, was being rather vigorously investigated with many tangible results. The inaugural and epoch-making discovery was made in 1811, by Dr. Charles Bell, who afterwards became Sir Charles Bell, the famous English surgeon and experimental physiologist, who discovered that the function of the anterior spinal nerve roots was motor, and that the posterior nerve roots were sensory. Before this discovery it was thought that all nerves had a similar function, and the peculiar distribution of the spinal nerves was an unsolved problem. The truth-

fulness of this discovery was not admitted for ten years, and at first was doubted, and even in Paris that was at that time the final court of appeals in every scientific subject and discovery, the alleged step in advance was doubted and soon ignored, and not until 1823, was the subject taken up by the then recognized leader in Physiology, Francois Magendie, who subjected the reported conclusion to a most rigid test and found it valid.

In the meantime Dr. Bell had turned his attention to the cranial nerves and also discovered there two sets of nerve trunks, one motor and the other sensory; and the thought then came that nerve impulses did not travel in a haphazard way, but in a regular and definite course, and experimenters everywhere soon confirmed the observations of Bell and Magendie.

After these discoveries a fresh impulse was given to investigation, and three men came into prominence by placing their observations before the scientific world, viz.: Claude Bernard of France, Marshall Hall of England, and Henry Fraser Campbell of America. The latter in 1853, while demonstrator of anatomy and professor of comparative and microscopical anatomy in his alma mater, the Medical Department of the University of Georgia, in the Transactions of the American Medical Association, (May, 1853), justly claiming priority over Claude Bernard in his "Observations of Reflex Phenomena of the Sympathetic Nerve." At the annual meeting of the American Medical Association held in this city in 1857, Dr. Campbell was awarded the first prize for his essay on "The Excito-Secretory System of Nerves", almost coetaneous with the observations of Marshall Hall on the Excito-motor System. Priority of announcement of Reflex Secretion and the Excito-Secretory Nervous System was candidly awarded Dr. Campbell over Dr. Hall, as can be seen in the *London Lancet*, May 2, 1857; *The Southern Medical and Surgical Journal*, 1857; and *The American Journal of the Medical Sciences*, 1857 and 1858. Realizing the great and vital importance that reflexes play

in the study and diagnosis of nervous and mental diseases, I must say that these discoveries will always stand out as among the great pyramids in neurological studies.

All these considerations as to nerve currents and nerve tracts becoming stock knowledge of science, it was natural that interest should become stimulated as to the exact character of these nerve tracts, and it was all the more natural because the microscope was now claiming all things for its own. A host of investigators soon entered upon the study of the nerves, and the leader at this time as in so many other elements of microscopical investigations was Theodore Schwann, and through his efforts and work, aided by such co-laborers as Henle, Remak, Muller and Purkinje, all the mysteries as to the general make-up of nerve tracts was cleared away. It came to be known that a nerve fibre was a delicate protoplasmic thread stretching from some part of the brain to the muscle and skin in the periphery; and at this time, as it had been for a long time, the sympathetic or ganglionic system was a puzzle, and it remained for Claude Bernard and his co-workers at the early part of the latter half of the last century to prove conclusively that one chief function of the sympathetic is to contract the wall of the arteriole, and in that way regulate the blood supply of a part; and, of course, since then much study has been given the sympathetic system; and while many physiological facts coupled with anatomical and clinical observation and knowledge have been discovered, yet practically nothing is known as to its morbid anatomy.

But this discovery of vaso-motor influence only told half the story; for Claude Bernard in 1858 discovered while experimenting, that stimulation of certain nerve fibres caused the heart to relax and stop beating, and now this mystery had to be solved. Growing out of Bernard's initial discovery came the final understanding that the entire nervous system is a mechanism of centres subordinate, and centres superior; the action of one of which may be counteracted and annulled by the other. This applies not only to such

physical processes as arterial contraction and the heart beats; but to the more intricate functionings that have their counterpart in psychical processes.

Thus the observation of the inhibition of the heart's beat by a nervous impulse furnished the point of departure for the studies that led to a better understanding of the *modus operandi* of the mind's activities than had ever been attained. The work of the nerve physiologists had an important bearing on the question of the mind; and at this time there was a company of remarkable workers who made even a more direct assault upon the "citadel of thought", and in 1851 the master mind of Hermann Helmholtz measured accurately the velocity of an impulse along a nerve tract. This was a remarkable discovery, because until that time it was thought impossible to measure the flight of a nervous impulse, which was also thought to be instantaneous; and while various ones had studied the subject, it remained for Dr. Wilhelm Wundt to measure the time occupied by psychical processes to take place in response to external stimuli; and it was also discovered that this psychic time varied in different persons. It was also discovered that the rate of activity varied for the same person under different conditions; becoming retarded, for instance, under fatigue or in certain brain diseases.

Putting all details aside, the essential fact emerged that the intellectual processes, sensation, perception and volition are linked irrevocably with the activities of the central nervous tissues, and that these activities, like all other physical actions, have a time limit. As plain as this relationship now is, we must not forget that it was not always so. It was about 1842, when Jean Pierre Flourens discovered the cardio-respiratory centre, to which he gave the name "vital knot." This was the first indication of certain centres in the cerebro-spinal tract, though its full significance was not yet realized, and it was pretty generally believed that the brain had no localized function; but, however, there was here and there an observer who thought that certain parts

of the brain had certain functions; and it was Meynert, the German anatomist, who thought that the greater part of the anterior portion of the brain was motor, and the posterior portion sensory.

Somewhat similar conclusions were reached by Dr. Hughlings-Jackson from his studies of Epilepsy, but no positive evidence was present until 1861, when Paul Broca brought before the Academy of Medicine in Paris, a case of brain lesion that he thought had most important bearings upon the question of cerebral localization. The patient was one at the Bicetre, who for twenty years had been devoid of speech. In 1861 the patient died and the autopsy revealed the total destruction of the posterior third of the inferior frontal convolution. Some time after this discovery and announcement the interest in brain study rose to fever heat. I could not do better than to quote from Herbert Spencer, who said in 1870: "Whoever calmly considers the question cannot long resist the conviction that different parts of the cerebrum must in some way or other subserve different kinds of mental action. Localization of functions is the law of all organization whatsoever, and it would be marvelous were there here an exception. Either there is some arrangement, some organization in the cerebrum or there is none. If there is no organization the cerebrum is a chaotic mass of fibres incapable of performing any orderly action. If there is some organization it must consist in the same physiologic division of labor in which all organization consists, and there is no division of labor, physiologic or other, but what involves the concentration of special kinds of activity in special places." But since then by the elaborate work of Fritsch and Hitzig in Germany; Ferrier, Horsley and Schafer in England; and many other men in different lines of medical and surgical work in every part of the civilized world, cerebro-spinal localization has long since been put upon a secure foundation, and daily this knowledge comes to our rescue in the diagnosis of cerebro-spinal diseases.

The study of the changes in nerve tissues was very meagre until the discovery of certain stains for nerve tissue that really dates from 1858, when Gerlach found that it could be stained with carmine. This laid the foundation for the use of staining methods in the study of nerve pathology and physiology that has led to a more definite knowledge of the structure of nerve matter. In 1850, Waller discovered that injured nerves showed certain changes in the myeline sheath and other parts of the nerve fibre now called "Wallerian degeneration," and this discovery laid the foundation for the study of pathologic and experimental changes in nerve tissue; which has furthermore been epoch-making in tracing out certain tracts and paths in the cerebro-spinal axis. The application of this has solved many questions in embryology, and in the physiology and pathology of the nervous system.

While the nerve cell had long been known and it was universally believed that one cell was united to another, yet it has been proven that each nerve cell was an entity, and anatomically is free from all other nerve cells. The discovery of the entity of the nerve cell was made by the great Spanish histologist Dr. S. Ramon y Cajal in the year 1889, and quite naturally this announcement created a sensation in the minds of the histologists of the world, and a great battle was fought, but the contention of Dr. Cajal was sustained; and now the Neuron, as a nerve cell with all its processes is called, has become classic. By the means of various nerve tissue stains studying histological changes in nerve cell and fibre, many important tracts and the origin of many nerves, their exact localization and their relationship to other tracts and cell groups have been wonderfully worked out. With the advances made in the study of the anatomy and physiology, normal and morbid, we are coming to a much better understanding of the nature of nervous and mental diseases, and in closing, let us not forget the many advances made in the surgery of the nervous system, and in the discovery of the cause of many nervous affections,

organic and functional. The unification of the nature of Tabes Dorsalis and General Paresis, spinal puncture in the diagnosis and treatment of diseases of the cerebro-spinal system, the use of Flexner's serum, the study of Anterior Poliomyelitis, and the better understanding of Hysteria and Neurasthenia make wonderful history in the progress and advances in our knowledge of the nervous system in health and disease.

Time and space will not permit, but I wish that I could speak at length upon a subject that is near to my heart, and that is the relationship between diseases of the Retina and the nervous system that has played such a great part in the history of the study of nervous diseases in the quite recent past. A criticism that is often passed upon a study of the nervous system is: "Oh, well! so little can be done." But this criticism comes from those who know nothing or but little of the nervous system; and their association with it is so limited that the acquaintance can scarcely be called a passing one. If the same amount of limited knowledge, acquaintance or association were applied to that branch of medicine or surgery that they claim to be expert in, they could well say also of that, "Oh, well, so little can be done"; but there is a better side to it than that, and the more intimate one becomes with the nervous system, the more practical his knowledge grows, and it is a sign of progress and better times in technical educational work when the general medical man forms a closer friendship for that particular branch of general medicine, that has heretofore struck such terror to his mental faculties.

GOUT.—A recognized authority attributes the establishment of a gouty attack to the heaping up of certain products of metabolism in localities where there is already an abundance of uric acid, which is consequently precipitated. For the immediate elimination of this uric acid, as also of any other toxic or morbid products, no remedial agent is as efficient as Tongaline.

GLIMPSES OF EUROPEAN SURGERY.

BY W. A. BRYAN, M. D.

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Having made up my mind that when one goes to Europe with the intention of seeing surgical work it is better to decide upon a few great clinics and a few great men than to go without a purpose and travel hither and thither as the various ones met with on the trip recommend.

I left Nashville with the intention of visiting Leeds and London in England, Berne in Switzerland and Vienna in Austria, at which latter place I decided to spend most of my time. Leaving Nashville on the night of August 14, I was in Liverpool ready to take the early morning train to Leeds on August 23. On arrival at Leeds I went immediately to the Queen's Hotel and as soon as possible to the office of Mr. Moynihan, who told me that he would not have a clinic before the succeeding Friday, but was very kind in inviting me to attend that clinic, which I afterwards found to be a very great fortune for me, inasmuch as it was a demonstration, the details of which were photographed by Dr. Howard Kelly for the stereoscopic illustrated work he was preparing on operative surgery.

When Friday came a small number, seven or eight, visiting physicians, were present and saw the great master in Gastric surgery operate. I feel that no words of mine or of any other man could do justice in describing his work; one of the easiest, one of the most skillful operators I have ever seen. He impresses one at once as being absolute master of the situation. His technic is faultless and his results are as near without fault as those perhaps of any surgeon who ever lived. During the afternoon he operated on five gastric cases, three of them were for Duodenal ulcer

and two for cancer of the stomach. The first thing that impresses one in Mr. Moynihan's technic is the fact that he marks the skin of the abdomen by drawing the point of a sharp needle across his proposed line of incision at intervals of about one inch. This produces a red line which remains until the operation is completed; then by approximating these several red lines each to the corresponding one on the opposite side of the wound he makes a closure of the skin as nearly like the original as possible. There is no unevenness at the angles of his wound when he is ready to finish, because he knows exactly where his number of sutures must be placed to avoid such unevenness. He admits that this is a whim of his, but to one who wishes to make his scars as little conspicuous as possible it is a whim worth remembering. Mr. Moynihan is very careful in his duodenal work and gives every one present the privilege of seeing unmistakable evidence that ulcer is present, and says unhesitatingly, that if he cannot show to the satisfaction of any visiting physician that ulcer is present he will admit that his diagnosis was incorrect and will close the abdomen without doing a gastro-enterostomy, and while one who has not seen his work might doubt his sincerity and the possibility of a single surgeon finding so many cases of duodenal ulcer, yet a visit to the infirmary at Leeds and observation of the work of this great surgeon, would satisfy the most skeptical of his honesty, and I believe too that it would satisfy him that he had been mistaken in his previous views concerning the number of duodenal ulcers. If it is remembered that his work comes from the ends of the earth it is easy to understand how he may find so many cases.

In cancer of the stomach Mr. Moynihan claims that there are no signs and no symptoms by means of which a correct diagnosis may be made sufficiently early to give the patient a real chance of recovery he would have from an operation; that gastric analyses are as likely to mislead one in these cases as they are to point to it's true condition; therefore,

when an uncertain stomach condition comes up which may mean cancer of the stomach and which may not be satisfactorily explained on any other surgical hypothesis, the only fair treatment of the patient is to explain the possibilities of his case, the conditions, and that exploratory incision will not prove harmful in case no cancer is present; but that life-saving operation is found only in the early stages. The cancers I saw him remove in the two cases operated on that day were exceedingly small, without adhesions, without glandular involvement, without infiltration far from the site of the origin of the growth; and one of them was no larger than an ordinary coat button; so small indeed that it required a close examination to show macroscopical evidence of its true nature. Thus he demonstrated in the two cases operated on the wisdom of his claim for exploratory incision in any suspicious stomach condition that may be due to cancer, but which cannot be explained definitely by another hypothesis. The interesting and instructive feature in his cancer work is that he does his gastro-enterostomy before completing the resection, justly claiming that it is easier to do the gastro-enterostomy first while the stomach is whole, and later his resection, than to do them in the reverse order. He is the only surgeon I saw on my trip who did this work in this order. It is easy to gather by observing his work how much more feasible his method is than the older and more widely practiced method.

Besides Mr. Moynihan there are several other excellent surgeons on the staff of the infirmary, some of whom are operating daily and whose work is excellent, but as Headley said concerning the marshals of Napoleon: "It is a misfortune for one great man to be compelled to live in the shadow of a greater"; so when one leaves Leeds he leaves with the conviction that what he has been led to believe is still true, namely, that Moynihan stands without a peer.

From Leeds I went to London. On reaching London I found that most of the leading surgeons were away on vacation and would not return until after my departure,

however, I was glad to be able to see the work of several London surgeons, chief of whom were Mr. Arbuthnot Lane, Mr. J. Bland-Sutton and Mr. Nitch.

Mr. Lane was devoting most of his attention to treatment of fractures by the open method, fixation with steel plate and screws; cleft palate, and diseases of the large intestine; and he claims that most all fractures, the exceptions being few and very definite, should be treated by the open method, reduced under direct vision and held in place by steel plates and screws, claiming that it is practically impossible by the non-operative method of treatment to reduce a great many fractures, and to prevent the interposition of fragments of the bone and of soft structures between the fractured ends; and still more impossible to know that the fracture has been definitely located and reduced. It will be apparent to most of those who have had extensive experience in the treatment of fractures, however true Mr. Lane's statements are, that his work along this line will undoubtedly bring the surgical world to recognize that at least many more of the fractures should be treated by the open method than has heretofore been the rule. Again he argues, that even admitting the fractures to be reduced properly in the beginning and at subsequent dressings, it will be impossible to know that one has not disturbed the proper apposition of the bone.

In his cleft palate work Mr. Lane has had an enormous and wonderful success at closing the fissures and is as skillful in this work as it seems possible for a man to be. He accomplishes his results in cleft palate by the sliding of flaps and obtains them from any portion of the buccal surfaces of the superior maxillæ possible. He operates on very young infants and failures are practically unknown to him. The only objection that could be raised to the flap method used by him is, that in those cases where the soft palate and flap are sutured to the edges of the cleft,

functions of the soft palate will not be greatly improved, owing to lack of muscular tissue in the flap.

In his work on the large intestine, Mr. Lane's first study was directed toward the cure of obstinate constipation and of the symptoms growing out of absorption of poisonous products from the large intestine. He uses two methods to accomplish this end, preferably anastomosis between the distal end of the ileum and the sigmoid flexure, eliminating the large intestine thereby from its usual function. In case there are considerable adhesions or extensive disease of the large intestines which interfere with the first mentioned operation, or which in and of themselves may be a menace to the patient's welfare, then he excises all of the colon, and completes the operation by performing the anastomosis between the ileum and sigmoid. Recently he is extending the borders of this work into new fields, and is now performing ileo-sigmoidostomy as a cure for pulmonary and articular tuberculosis, for the treatment of goiter, and for chronic induration of the mammary glands. Mr. Lane claims that these conditions are maintained by bacteria or bacterial poison taken into the circulation from an indolent colon, and that if this cause be eliminated by short circuiting, the patient will be placed in a much better position to recover.

Mr. Bland-Sutton's work is exceedingly rapid, and while I did not see a great deal of it, I was very much impressed with his personality and with his immense knowledge of surgical pathology.

Mr. Nitch works in St. Thomas' hospital and was kind enough to show me a great many of his cases. They are using now in St. Thomas' only a mechanical way of cleansing their hands, namely soap, water and brush, and are getting as good results since this method was inaugurated as they were before. It is fair to say, however, that they invariably use sterile gloves during operations, and would probably be unwilling to use their naked hands in the wounds after

such sterilization. Mr. Nitch's work is beautiful and faultless, and while he is comparatively a young surgeon one cannot but feel that he is sure to be heard from in the future.

On my arrival at Berne I regretted very much to learn that Dr. Kocher was on his vacation and that I would be unable to see him operate. The only work that I saw in this city was of minor importance; and in a few days I went to Vienna, that Mecca for the physician and surgeon who wishes to know medicine or surgery deeply.

The question naturally comes up in the mind of a physician who wishes to gain the most by post portem work is whether or not he is contemplating a European trip, then, of course, Vienna comes to his mind for prominent consideration. I know of nothing like the facilities offered there to the physician who is willing to work, and one must say in all candor that if a physician knows German before going to Vienna, or if he intends to stay long enough to learn the language while there it is an ideal place. On the other hand, if he does not know German then, of necessity, much will escape him that he would otherwise gain, for the simple reason that there are few of the professors who can speak English as fluently as they can their native tongue; and this is very natural, therefore they prefer to give their lectures in German and will sincerely tell you that they cannot lecture so well in English, but that if the class desires English then the course will be given in that language. Many of the best of them do not know English well enough to lecture in it at all, and thus they become a dead letter to the men who cannot understand their tongue; but if one knows German fairly well it becomes an easy matter with a little work and but little instruction at the hand of German teachers to become rapidly acquainted with the language so that lectures may be taken easily. The only complaints that I heard against the Vienna school while I was there was made by men who could not understand a word of German; but those who could, were all praises; and I fully

believe that every one who was able to gather the great teachings at the hands of these masters sincerely regretted when the time for his departure came. A marvelous thing about the men who make the University of Vienna what it is, is that they seem never to lose the spirit of scientific investigation, and it is nothing unusual to go to the post mortems and find there the white haired professors standing about waiting for pathologists to clear up an obscure point in the cases they have lost. They seem never to be satisfied with their knowledge and to be eternally searching for more light; the teachers are as willing and anxious to be taught as the students they are teaching.

The general hospital at Vienna where all the work is done is old and dilapidated looking, and covers an immense acreage of ground; so immense that I would be afraid to attempt to say what number of acres was in the inclosure, lest those who have not been to Vienna would think I have exaggerated and those who have been would think that I have made the figure too small. It is sufficient to say, that the hospital has accommodation for 2,000 patients and that the new hospital that is now under construction and some of the buildings which are already completed will take care of 3,500 patients, with all the equipments for the surgeons and comfort for the patients that money can buy. What the staff in the hospital want, they get; and it would seem that few questions are asked about the expenses from investigations of it. A most thorough diagnosis and pathology are the watch words of the institution. It is taken for granted there that medical men know anatomy and physiology, but that their men must continually learn pathology and diagnosis. The enormous number of departments and assistants makes it possible for the immense details carried out in the institution to be done perfectly; and frequently these assistants who are working in the institution for a little more than a bare living are men 35 or 40 years old and sometimes older, and are to all appearance quite as well equipped for the performance of the work as their superiors are. One

does not realize how much of medicine is yet unlearned until he spends a little time in the pathological institution and sees the work of Stoerck or Erdheim, of Wiesner and Weichselbaum, carried out with all the details and painstaking that science knows. The smallest number of cadavers I saw on any single morning in the pathological Institute was three and the largest number was fourteen. All of these were to be posted. The majority of them by Stoerck and Erdheim and the remainder by other assistants and students. The average yearly number of post mortems of this institution is 2,000, and every one may learn pathology if it is to be learned at all.

It is interesting to see men who have practiced medicine fifteen, twenty or twenty-five years in the class on pathology unable to recognize from the appearance of the lung such a condition, for instance, as lobular pneumonia; a disease which they had treated many hundreds of times. The post mortem class in pathology contained 120 members who received three lectures every week and at these lectures the most interesting specimens found in the post mortem rooms are used.

These lectures are by Professor Stoerck, who lectures in English nearly as well as in German and who gives the most interesting lectures it has been my privilege to listen to. If one wishes to study the specimens still more closely it is usually easy to become a member of a class of five to study the specimens themselves, and an hour or more is given for the five to study post mortem findings of five cases, one being assigned to each man; and the next hour the time is spent by an assistant who quizzes them on their findings and gives the many desired instructions. It is difficult for one to get into the classes on diagnosis after reaching Vienna, for it seems that it is impossible to engage work ahead, as all of the work for American students is under the control of the American Medical Association of Vienna. Usually the important courses given are the book courses, which means that the man who applies for membership to

the classes are chosen according to the time of their registration with the American Medical Association of Vienna. A great many of the men go from six months to one year, and therefore they invariably have precedence over the men who can remain only a few weeks or a few months at the outside; still by watching the bulletin board at the American Medical Association quarters one can soon find work enough to keep one busy, and later on as opportunity affords they get into other classes. The work I did in Vienna was pathology, surgery, diagnosis and anatomy.

The clinics are open to all students and are very convenient indeed, since they are all conducted in the same hospital, and if one fails to find satisfactory work in Hochenegg's clinic it is but a short distance to Schauta's clinic, from there it is likewise a short distance to Wertheim's clinic. Again it is not far to Eiselsberg's clinic, and if after visiting all these clinics one should not find sufficient work to entertain one, it is but a few minutes' walk to Lorenz's clinic, where on any morning patients are so thick that there is scarcely room to walk, and where orthopedics can be seen and studied to the satisfaction of the most whimsical. So that between the clinics and the pathological institution there is no reason why any man who is hungering and thirsting after knowledge should not be filled. Among these departments the morning hours can always be profitably spent.

I will discuss briefly the work of Wertheim and Eiselsberg and then close not for lack of material, but to avoid being tedious.

I have never seen any man do a hysterectomy with the ease, the perfection, the completeness, and with all evidence of absolute master of the situation that Wertheim showed in his work, and after seeing him do his radical operation on cancer of the uterus, one goes away satisfied that if a cure is not wrought by this master's handiwork it is not possible for the handiwork of man to eradicate the disease from that patient's body. One statement of Wertheim's is

worth repeating and remembering, namely, that it is impossible to decide whether a given case of uterine cancer is operable or inoperable until a celiotomy has been done and a manual examination of pelvic contents is made, for in these cases one may conclude from his physical examination that the case is operable, and on intra abdominal palpation find that infiltration and lymph node involvement has extended so widely that surgical work would only endanger life without offering the least hope of recovery. On the other hand, one might consider the case hopeless from an external examination and on making his exploratory incision learn that the whole diseased condition is confined to structures that may be easily and safely removed.

In Eiselsberg's clinic one may see all kinds of surgery from the top of the head to the soles of the feet, and Eiselsberg impresses me as I know he did other men who saw him work, as being a consummate genius. I feel sure that he knows more surgery than any other man I have ever seen use the knife or have ever heard talk. It is immaterial to him whether he is operating for a tumor arising from the acoustic fibres of the fourth ventricle, or an intra thoracic, intra abdominal, intra spinal, intra pelvic condition or whether it is a condition situated in the extremities. He is the same great master in them all, and is one of the very few men I have ever seen whom I considered the type of a general surgeon in the sense that he is as competent for operating in one region of the body as in another. Twice I saw him remove acoustic tumors from the brain. Once a long cyst from the surface of the spinal cord, once a hypophysis cerebri, once a spleen containing an abscess which he removed without rupture although pus had burrowed its way almost to the surface. I have seen men who operate more quickly and with more eclat than Eiselsberg. I have seen men who could play to their audience more than he. I have seen men more skillful with their hands; but I have seen none, and I expect to see none who operate with superior judgment or profounder knowledge in pathological, anatomi-

cal and physiological understanding of his work than A. von Eiselsberg.

It is unfortunate in a sense for one to have the privilege of spending enough time in Vienna to become interested in the work, for it creates a desire to know more of it and a longing to return to the place where every one is a master, a student, a scientist, and a teacher.

THE MORE COMMON TYPES OF STOMACH AFFECTIONS.

BY W. T. MARRS, M. D., OF PEORIA HEIGHTS, ILL.

Gastric neuroses with impairment of the peptic function are among the most common ailments on which we are consulted. Quite often these affections pass naively as dyspepsia or indigestion—both being loose and indefinite terms—and not infrequently as plain stomach or liver “trouble,” while most of these disordered conditions present phases of chronicity, yet it is usually during acute or sub-acute attacks that they apply for treatment. And while an analysis of the stomach’s contents after the ingestion of a test-meal affords the only criteria for accuracy in diagnosis, yet such fine points in the way of pathological findings are not always absolutely necessary in determining the best therapeutic procedure.

The symptoms of acute gastritis and digestive inhibition are familiar and its pathology is an inflamed mucosa, blocked secretions, and a general atony of the stomach and duodenum. In chronic disorders we have varied symptoms and pathology. Especially are the peptic and hydrochloric acid glands perverted; normal secretory tone is lowered and not infrequently there is a formation of adventitious acids and gases. In general the symptoms which call for alleviation are nausea, anorexia, vomiting, distress after eating, constipation, and often a train of symptoms more

or less neurotic in character. The pneumogastric reflex being so protean and far-reaching a wide range of symptomatology may often be traceable to the stomach. Stomach derangements are well-known factors of causation in many cases of neurasthenia and psychasthenia. The simple cases following are taken at random from my records of the year just closed.

Case I. Woman, age 30, married, seamstress, suffered at frequent intervals from attacks of stomach disorder with inhibition of secretion, nausea and constipation. These gastric crises were always preceded and accompanied by headache, myalgia and nervousness almost bordering on hysteria, although there was no evidence of sexual reflex. The patient was weak, debilitated and exercised insufficiently in the open air. Treatment was begun by admonishing her to eat nutritious food, taking plenty of time for her meals. She was urged to spend more time in walking each day. Two tablets of Peptenzyme, which is the nucleoenzymes of the peptic, splenic and pancreatic glands, were prescribed to be taken before meals and two after. The bowels and hepatic functions were stimulated by occasional doses of calomel and cascara sagrada. This treatment was carried out for a period of six months and during that time there were no recurrences of the attacks.

Case No. 2. Young lady, age 21, teacher, suffered from anorexia, anemia, constipation and a number of other concomitant symptoms. Peptenzyme was given at frequent intervals to overcome the nausea and at meal time to aid digestion. A hematic tonic was administered for the purpose of enriching the blood. A tablet of aloin, cascacin, belladonna and strychnine was employed to offset the constipation. Under this treatment the patient fully recovered.

Case 3. Farmer, age 40, decidedly nerasthenic, suffered a great deal, his stomach being ostensibly the storm center. When nervous or worried food always gave him

excruciating pain. He suffered from melancholia, insomnia and spells of dizziness and life on the whole had for him anything but a roseate setting. Charlatans and unscrupulous physicians had relieved him of considerable money by promises of cures which they had failed to deliver. The first step in treatment was to limit the intake of rich nitrogenous foods and to insist upon a diet consisting mainly of fruits, milk and crackers. He was advised to drink water copiously between meals and elimination was further augmented by a morning saline. The digestant Peptenzyme was administered at mealtime and an occasional sedative at bedtime to insure rest at night. Under this treatment the patient has made marked improvement and he is sufficiently optimistic to think that in a few more months he will again be a well man.

Selected Articles.

EYE SYMPTOMS AS AN AID IN THE DIAGNOSIS OF ORGANIC AND FUNCTIONAL NERVOUS DISEASES*

BY ALFRED GORDON, M. D.

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The relationship of the eye to certain visceral diseases and particularly to diseases of the nervous system is an important one. Failure of recognition of this truth may lead to erroneous diagnoses and consequently to wrongly

*Resume of an address delivered before the Northwestern General Medical Society, Jan. 17, 1910.

directed therapeutics. The neurologist cannot dispense with the services of the ophthalmologist, neither can the latter form an opinion of his cases without the aid of the neurologist. The knowledge of eye changes is indispensable to every internist, not alone to the specialist in nervous diseases. In some cases the objective symptoms are so slight that an examination of the eyes will decide the diagnosis of the case. In other instances the eye changes are only corroborative of other findings in the body. A brief review of various ocular conditions will illustrate these points.

A. *Palsies of Ocular Muscles*.—Apart from purely local causes, such as traumata, a sudden onset of a paralysis of one muscle or a simultaneous involvement of several muscles suggests syphilis of the nervous system. In *cerebro-spinal syphilis* strabismus, ptosis, a weakness or paresis of any of the muscles of the eye globe, are quite frequent phenomena. When such a patient presents some slight symptoms (motor or sensory), as for example changes in the reflexes, some vague sensory disturbances, occasional headaches, etc., a palsy of an ocular muscle will render considerable assistance in determining the nature of the condition. In well-marked cases of involvement of the central nervous system by syphilis the eye symptoms will be a corroborative factor.

Ocular palsies occur not infrequently in *meningitis*, especially in children. When in the course of an infectious disease the temperature ascends, delirium makes its appearance and an ocular palsy (usually strabismus) develops, the presumption is that the patient is developing meningitis. This symptom is particularly helpful when delirium is absent and other objective signs of meningeal irritation are not conspicuous.

Ocular palsies may be encountered also in tabes and in paresis, to speak only of the most important organic affections.

B. *Pupillary Symptoms*.—Disturbances of the reflexes

of the pupil are extremely important for diagnostic purposes. The *Argyll-Robertson phenomenon*, which consists of loss of light reflex and preservation of accommodation and convergence, is one of the most frequent manifestations of *tabes*. Should a patient present vague or even very vague pain in the lower limbs and a slight or very slight decrease of the patellar tendon reflex, but a distinct Argyll-Robertson pupil, there can be no doubt that he is suffering from *tabes*. In some cases this phenomenon may exist with hardly perceptible symptoms of *tabes*. It may be therefore an initial symptom of this disease. It is consequently a sign which when looked for may render great service in making a diagnosis. In a great many cases of *tabes* the Achilles tendon reflex disappears before the knee-jerks. In such cases the presence of the Argyll-Robertson pupil will determine the diagnosis.

In *Paretic dementia* disturbances of pupillary reflexes are quite frequent. The *consensual reflex* is frequently disturbed in paresis and in addition to other pupillary changes (*v.* below) is an early manifestation of this serious malady. This reflex consists of an inability of one pupil which has been shaded with a card to act in unison with its fellow which is being examined for light reflex.

Inequality of pupils, *irregularity* of pupils are met with in cerebrospinal syphilis and especially in *paresis*. In the latter disease very slight physical or mental changes may present difficulties in the diagnosis, but the presence of irregular and unequal pupils together with changes in the pupillary reflexes will facilitate considerably the determination of the condition and will increase the possibility of paresis. Of course, it is superfluous to dwell upon the fact that irregularities in the periphery of pupils may be the result of peripheral causes, such as attachments between the iris and the capsule of the lens (*synechiæ*). The latter should be excluded in making a diagnosis.

Very small pupils, so-called "pin-point pupils," are very frequently encountered in *tabes* and in paresis, more in the

former than in the latter. The existence of such a state will enable one to direct his investigations toward other symptoms of either of these two maladies.

C. *Examination of the Eye-grounds* is of paramount importance in neurological work. Not a case in which an organic disease of the central nervous system is suspected should be dismissed without an ophthalmoscopic examination. In not a few instances a neurological diagnosis is made almost exclusively upon the ophthalmological findings. *Optic neuritis, optic atrophy, aedema of the pupillae* (choked disk) are conditions found usually in organic diseases of the central nervous system. The first two lesions of the fundi are met with in *tabes, paresis* and in cases with intracranial pressure. In *tumors* of the brain when only general symptoms, such as headache and vertigo, are present, even with total absence of localizing symptoms in the limbs, the finding of serious changes in the fundi will, in the majority of instances, determine the diagnosis and lead to a proper surgical intervention. In other cases slight focal symptoms may be present and then the knowledge of the existence of optic neuritis or optic atrophy with a gradual decrease in the power of vision may promptly determine an intracranial pressure.

Optic neuritis or optic atrophy are frequently observed in *tabes, paresis* and *multiple sclerosis*, more in the former two than in the latter. Their presence will frequently decide the diagnosis when very few symptoms of the disease are present. There is a form of *tabes*, the "amaurotic form," in which profound changes in the fundi with loss of vision appear, first or as the earliest symptom. This fact is undoubtedly of great importance, as our diagnosis and prognosis depend exclusively upon it.

Choked disk or papilloedema is almost pathognomonic of *cerebellar disease*. In a recent case the patient complained of some headache; he also presented a diminution of one knee-jerk. The diagnosis was certainly difficult. Ophthalmoscopic examination made at short intervals revealed an

oedema of the papillæ and a gradual loss of vision. The diagnosis forced itself upon me. A prompt operation was performed and the results were most satisfactory. The oedematous condition of the papillæ was gradually lost; vision improved considerably. The operation consisted of removal of a portion of the occipital bone, which relieved the cerebellar pressure. This case is sufficiently illustrative to emphasize the importance of ophthalmoscopic findings.

D. *Nystagmus* is a phenomenon which apart from local causes and possible congenital origin is often pathognomonic of *cerebellar disease*. It is also encountered in *disseminated sclerosis*. Nystagmus consists of oscillatory movements of the eyeballs. It is particularly observed in lateral movements of the eyes. In presence of mild symptoms of the above affections its occurrence is of assistance in making a diagnosis.

E. *Visual Fields*.—Contraction of the visual fields may be observed in intracranial diseases and particularly in functional nervous diseases. *Hysteria* especially claims its control over the visual fields. In this affection the latter are usually concentrically narrowed, sometimes to such an extent that the patient can perceive an object only when it is placed in front of the eye. In extreme cases the entire visual field may be obscured and the patient is unable to see the object even when it is placed in front of the eye. This is the so-called "hysterical amblyopia." It is usually unilateral and on the side where other sensory disturbances, such as anesthesia, analgesia, etc., are observed on the body. Contraction of the visual fields may also affect both eyes. It is usually present in conjunction with other hysterical manifestations. The latter, however, may be extremely few in number and very mild. In such cases the contraction of the visual fields is very important for the purpose of diagnosis and consequently of prognosis.

The visual fields may be altered in an entirely different manner and present a condition called hemianopsia.

F. *Hemianopsia*.—This consists of a blindness of the visual fields of both eyes either to the right or to the left, or else upward or downward. It may also affect both eyes in their intranasal or bitemporal portions.

Homonymous lateral hemianopsia indicates darkened visual fields of both eyes, either on the right or left. *Binasal or bitemporal hemianopsia* is also called *heteronymous hemianopsia*. Homonymous hemianopsia is an indication of a break in the continuity of the visual tract posterior to the optic chiasm and especially in the occipital lobe. Binasal hemianopsia implies a lesion on both sides of the chiasm. In bitemporal hemianopsia the lesion is in the middle of the chiasm (aneurism, tumor, fracture). In connection with homonymous hemianopsia there is a very important pupillary phenomenon which must be mentioned. This is "*Wernicke's pupillary symptom*." Given a case of hemianopsia, one eye being excluded, the eye under examination is suddenly illuminated; care must be taken that the light falls obliquely and is not diffused over the entire retina. If the light falling upon the blind side of the retina causes no contraction of the pupil, the lesion is in the portion of the visual pathway between the chiasm and the corpora quadrigemina. If the pupil responds to the beam of light, the lesion is further on,—back of the corpora quadrigemina. Wernicke's pupillary phenomenon is therefore of extraordinary importance in the localization of a lesion when a homonymous lateral hemianopsia is present.

The importance of such eye manifestations is too obvious to require emphasis.

Cushing, of Baltimore, has lately called attention to *reversed color fields* as being a frequent occurrence in cerebral neoplasms. Here again the aid that ophthalmology can render is immense.

The diseases of the nervous system, as we have seen from this rather brief review, cannot be properly diagnosed without an eye examination, which should always be made

by a competent ophthalmologist. It is only through the combined efforts of both neurologist and ophthalmologist that a correct opinion can be formed of any given case in the as yet obscure field of the nervous system.—*Monthly Cyclopedia and Monthly Bulletin*.

BREWER'S YEAST IN THE TREATMENT OF ULCERS, NECROTIC AND TUBERCULAR CONDITIONS.

BY ROSWELL PARK, M. D., L. L. D., OF BUFFALO, N. Y.

My acquaintance with the value of yeast began during my first year as hospital intern, when one of my chiefs directed me to apply to a most foul and sloughing cancerous ulcer, a so-called charcoal and yeast poultice. This appeared to have been a remedy long in vogue,—by whom originated I know not, and in possession of the people generally who seemed more or less familiar with its property. It had the desired effect in clearing the sloughing tissue and overcoming the bad odor, and so successful was it that the result of this, my first experience with it, deeply impressed me. Further use of the mixture made me inquire into the usefulness of the charcoal portion of it, since, if this could be shown to be unnecessary, it would make the compound much more desirable for general use. Of course, the purpose of the charcoal is self-evident, since it, like spongy platinum, has the property of absorbing relatively large amounts of gas and in this way the suppression of the odor may be explained. When, therefore, bad odor becomes an unbearable feature of a given case, charcoal may be of great service used with yeast though not necessarily mixed with it, since it may be dusted over the surface.

All this is simply an introduction to some brief remarks on the value of yeast in the treatment of necrotic and ulcerating surfaces. It is an old-fashioned remedy, whose value has been too long forgotten or neglected, and one which

requires but a trial in order to convince one of its usefulness. The yeast alluded to is the ordinary brewer's yeast, which may be usually secured at any time from any brewery, but, inasmuch as breweries are not always at hand, it is part of my object in this note to call attention to the equal value of the ordinary compressed yeast as it comes in the shape of so-called yeast cakes.

The fluid and frothing brewer's yeast may be kept in a cool place for at least two or three days before spoiling. The yeast-cakes are procurable at all times, and when kept cool are also good for several days' use. When using the former, absorbent cotton or gauze may be sopped in it, while the latter may be mixed with water into a paste of requisite fluidity and be used in the same way.

What, then, does yeast accomplish? It is the most effective and speediest agent for the removal by a sort of digestion, of all dead and dying tissue, that I know of. Applied to the foulest surfaces, it proves itself to best advantage. Even on a large offensive bed-sore or ulcer, covered as we usually see them in chronic cases with a membrane almost like that of diphtheria, the yeast will cause a separation of all necrotic tissue, and is a restorative to a healthy granular condition in a shorter and more satisfactory time than any other agent known to me. It seems to digest such tissue much as would carica papaya. It does this painlessly and effectually. I care not what the underlying nature of the necrosis, since all yield in the same way.

What, now, is the explanation of the peculiar effect of yeast? Is it due to nuclein or to one or more enzymes? Clearly, to the latter. In the effort to secure a more satisfactory explanation of the action of yeast, I requested a brief statement on enzymes from Dr. Clowes, the biological chemist of our New York State Cancer Laboratory. The following epitome was kindly furnished by him, and it seems to me to sum up the necessary knowledge in the most concise possible form:

"Yeast contains a large variety of those little understood

ferments known as enzymes which, whilst they are produced by the cell and intimately associated with the latter in its functions, may nevertheless, frequently be removed from the cell and exert an active chemical effect in the absence or after the death of the latter.

The enzymes of normal healthy yeast, are capable of splitting up complex sugars, fats and proteids into their simpler components, or fermenting sugar with the production of alcohol and carbonic acid and of exerting either an oxidizing or reduction action.

The therapeutic benefit derived from the application of living yeast may conceivably be due at least in part, to the presence of one or more of these ferment bodies.

This question may best be solved by employing the living yeast which has been so treated as to retain the enzymes in question in an active state, rather than nuclein preparations which are chemical bodies deprived of any special biological function of the type indicated above."

It would appear then, that it is a digestion of the tissue by which the desired effect is produced and it remains only to insist upon the great value attached to this most simple domestic remedy.

I would thus put it again briefly; an ulcerating surface of any character whatsoever, which has become sluggish and more or less covered with membrane, exudate or shreds of dead or dying tissue, can be disposed of more rapidly by the constant application for a few days of yeast in one of the forms mentioned above, than by any other material. This I have demonstrated many times to visitors in my clinic, and in many places in my text book I have advised its use; while in my own clinic its use has become an ordinary routine. Moreover, it can be used not only on surfaces, but also within cavities, carious and the like, either by packing them with gauze saturated in yeast or by injecting with a syringe. Many times after curetting a sloughing bubo or dealing with a foul cavity, either in bone or soft tissues. I have promptly packed it with this material, usually leaving

it under these circumstances for twenty-four hours. Never have I been disappointed in nor regretted its use. If upon a given surface, for instance, it has been thought necessary to use the actual cautery, or some caustic agent whose use would naturally cause a slough, this event may be satisfactorily hastened by the immediate use of yeast. In fact, I think the situation may be summed up in this statement; that yeast is one of the most desirable substances that can be mentioned in surgical therapeutics.

Digressing from the purely surgical aspect of use, I cannot refrain from lauding it as an agent of the greatest value in the treatment of tubercular conditions, especially in pulmonary tuberculosis. Here it is given internally, as it may be with the utmost freedom and with nothing but beneficial results.

Many years ago my attention was called to the case of a young lady who had been practically abandoned by the family physician and whose death was shortly expected as the natural outcome of rapidly advancing consumption. Something induced her father to begin the use of brewer's yeast, of which she took a considerable quantity daily with the result that—instead of being a helpless invalid and confined to the sofa, with death shortly expected—she was in a few months able to ride horseback, and resume her place in society. Her ultimate fate is unknown to me, but even this accomplishment is quite marvelous.

Numerous recent cases, however, are known to me, of patients suffering not only from pulmonary lesions, but also with other complications, such as colitis, rectal ulceration, etc., which have been wonderfully benefited by the internal administration of yeast. I have also found it of great value in certain cases of toxemia, especially when of intestinal origin. It thus appears to me to have as great value for internal use as it has for external. Administered in this way, brewer's yeast may be taken in doses of one or two tablespoonfuls every two or three hours. It is not unpleas-

ant to take, having the taste and odor of ale, and it produces no disquieting symptoms. Of equal value for internal use is the ordinary yeast-cake, of which at least one should be taken every twenty-four hours.

I would like to urge, in view of what has been said about the use of yeast in the treatment of pulmonary tuberculosis, that such use is at least rational. Its benefits are explainable by what has been said above, and it has this added value that it can in no wise interfere with any other remedy which may be considered desirable.—*American Journal of Dermatology*.

Editorial.

TUBERCULOSIS PREVENTION.

Dr. Woods Hutchison in *World's Work* for January discusses the progress of medical science in the past decade. He shows that in that period the national death rate was reduced 10 per cent. The discovery by medical investigations of the causes of disease made great progress, and the advance of scientific means for the cure and amelioration of disease was remarkable. The death rate from tuberculosis has declined 10 per cent. during the decade, which was equivalent to the saving of from fifteen to twenty thousand lives. Concerning the movement against tuberculosis, Dr. Hutchison says:

"The fight against tuberculosis is steadily becoming more and more a fight for better housing, more playgrounds, better food and more of it, shorter hours of work, decent and civilized shops, workrooms and factories, higher wages, better education in the laws of health. We have laid by the bugbear of its transmission by meat and milk, and are concentrating our fire upon the place where the bacillus breeds—the infested house or the tenement room. * * * Whenever the community becomes intelligent enough to vote the money for taking every case of known tuberculosis out into the country and keeping it there until cured, and at the same time preventing the infection of others, then the days of consumption will be numbered, and its years may be counted upon the fingers of two hands."

Within the last two years public provision for tuberculosis has been doubled; more than \$6,000,000 has been appropriated, yet we still face a great lack of proper facilities and accommodations for those who

cannot help themselves. According to a late bulletin of the National Association for the Study and Prevention of Tuberculosis, sixteen State sanatoria, twenty-eight county hospitals, and twenty-one municipal hospitals for tuberculosis have been built and provided for since January, 1909; the number of State institutions having been doubled, and county and municipal institutions increased from 30 to 80. Not less than \$3,000.00 of State money was appropriated for tuberculosis institutions in 1909, when 43 Legislatures met, and over \$600,000, in 1910, when only 11 Legislatures were in session. The appropriations of counties and cities for tuberculosis hospitals and sanatoria in the last two years will aggregate fully \$2,500,000, bringing the total official appropriations for this purpose up to over \$6,000,000 in the past two years.

While our own city of Nashville and County of Davidson, as well as other localities in this State, are moving in the matter, we are pleased to publish the following extract from the annual message of Gov. M. R. Patterson, submitted to the Legislature now in session:

"The health of our people is of prime concern and should be zealously protected. We have already upon the statute books pure food and drug laws which have worked admirably, but in addition I wish to recommend the establishment by this Legislature, as I have done previously, of a tuberculosis hospital, where the greatest plague that afflicts mankind may be studied and controlled, and in order that patients suffering from this dread malady may not be forced to go to other States for relief. Such a hospital has been urged by the physicians of the State, and their efforts in behalf of humanity should receive your cordial support."

On the same day the Governor's message was presented to our Legislative Assembly (January 18, ult.), the following bills were introduced into the Senate by Mr. McAlister: Authorizing the purchase of property for tuberculosis hospitals.

By same—Authorizing counties to purchase lands for tuberculosis hospitals.

In addition to this, able workers in General Medicine, Clinicians, Pathologists, Laboratory Experts, and, in fact, along all lines of medicine active work is being prosecuted, earnestly and diligently looking to both curative as well as prophylactic results. By reference to the article in "Original Communications," of this number, by Dr. W. A. Bryan, we will see that even one of the leading surgeons of England, Mr. Arbuthnot Lane, advocates "short-circuiting" the large intestine, or even its removal, as a means of relief in both pulmonary and joint tuberculosis; and Dr. Roswell Park, of New York State, one of our own most prominent surgeons in a "Selected Article" on "Brewer's Yeast," advocates it as a curative measure. Our surgeons even

finding a profitable field for observation and study in addition to the very wide range of subjects coming into their very broad domain. Well, well, let the good work go on; there is yet ample room for opportunity along all these lines connected with this so important subject, as there are still more than 250,000 tuberculosis patients in our own land yet without proper institutional treatment, and the death rate from tuberculosis still justifies the name of "The Great White Pleague."

"SALVARSAN"—"ARSENO-BENZOL"—"606."

In all the history of Medicine, from its earliest ages to the present, no one subject has ever attracted so much notice in so short a space of time as the remarkable announcement of the "Ehrlich-Hata" remedy for syphilis, which has been designated under the three names heading this article. Both foreign and domestic medical periodicals have been teeming with articles, both theoretical as well as clinical and practical as to its so far as observed remarkable results; and even the secular press has had its "say." So far, we have limited our space to a few brief extracts from some of our contemporaries, and although the unquestioned reliability of many who have taken the subject in hand cannot be gainsayed, yet in our now more than a half century of "observation" in the grand field of medicine, we have seen quite a number of very promising bubbles that have in a few brief days proved as evanescent as "a young man's dream." Therefore, while we can and do most sincerely and heartily commend the many encomiums that have been showered on the heads of Ehrlich and his very able colleagues, we deem it best to go a little slow for the present, as time, the great demonstrator, is yet lacking to fully prove all that has so far been claimed for the latest advance in therapy.

We fully appreciate and do most heartily commend the prudence of Dr. Ehrlich in restricting its use to a few well trained and reliable observers, as he has done, and would respectfully suggest that even yet, and for quite a while, its use be restricted to those who have more or less limited their work as specialists in venereal diseases and pathology. In other words, we do not think that it is yet opportune for it to be used more or less indiscriminately by general practitioners, who have had only now and then an occasional "case" for treatment; for a while they had better rely on the old remedies with which they are more or less familiar, and patiently wait for a complete and authoritative verdict as to what may be expected from the new. Some very able syphilographers are not as yet fully satisfied, and are more or less apprehensive as to uncertain results. Dr. Wm. Gottheil in a recent article in *"The New York Medical Record"* is not quite as enthusiastic

as many who have rushed into print, fearing that they might be left in the lurch by their more aggressive and progressive fellows, and he with some others make very serious objection to the great degree of pain resulting for the use of the remedy.

The latest we have seen in regard to "606" is a communication in our most excellent and highly valued contemporary, the "*Virginia Medical Semi-Monthly*," of January 13 ult., from the pen of Dr. Thomas B. Leonard, of Richmond, and from a small degree of humor appearing in his closing remarks we quote from it as follows:

"Formerly, when the preparation was used according to the method of Wechselman in which the drug was neutralized before injecting, the operation was painless, but ineffectual, numerous relapses having been reported by physicians following his plan.

Now that the alkaline solution is used entirely, the dose is always very painful. Indeed, in some cases the pain is excruciating, resembling in its paroxysmal character and severity the rhythmical pains of labor. This is one instance where men have the opportunity of experiencing pains closely allied to those borne by their parturient help-mates. If its use becomes general, as it bids fair to do, I dare say there will be a correspondingly reduced number of labors, for when man knows what it means to bring forth a child, he will forbear a gratification of having them. The pains of this character remain for from twelve to twenty-four hours, and almost invariably require morphia. They then assume a less acute character, but intermit with the same regularity, the interim between the paroxysms gradually lengthening, till at the end of the fourth or fifth day there remains only the exquisite tenderness to remind one that he has received what appears to be the most wonderful drug that science has produced, and the most valuable contribution to medicine during its history."

The "Malthusian" suggestion he advances we do not think will hold good, and rather hold to the views advanced by a former teacher of anatomy in our earlier connection with medicine, one who enjoyed a very large degree of confidence and respect both on the part of his large clientele and his professional colleagues, and who has long since "passed over to join the large majority." He was wont to say, "that if the man and the woman were required by the laws of their being to alternately bring forth their progeny, there would never be more than three children in any one family. The man would require the woman to bear the first one, he would try the next, then the woman another, and—*then it would stop.*"

As we have said, it is well for a while at least, to go a little slow. "*Festina lente*" is a most excellent maxim in regard to this, as well as in many other points in medicine. And while we will not admit that we are at all attached to "old fogysm" in any manner; like the "old

time religion," the older and well established methods of mercury and potash are good enough for a little while longer, at least until we have had more positive demonstrations by those well qualified to make them. In a somewhat eventful life, largely devoted to general practice, we have had a by no means limited experience in the treatment of venereal diseases, and can say with a positive degree of satisfaction that in two periods of our experiences, one of four years as a surgeon in the Confederate States Army, and another also of four years as physician and surgeon to the Tennessee State Penitentiary, we had but little, yes, very little, trouble in the treatment of syphilis. This we attributed to the fact that we could positively control our patients. Just what we said was to be the line of treatment, diet, hygiene, etc., was the law, and it was carried out to the letter. Now in general practice, my principal trouble has been along these lines. So many cases, primary, secondary or even tertiary, will soon show improvement under proper and well established measures of treatment. And while the unfortunate victim will be very earnest and thorough in carrying out each and every suggestion, while the dread of his misdeeds is well before him, with amelioration comes negligence, later apathy, and finally abandonment of all treatment long ere his medical advisor would permit, could he but control him. "Out of sight, out of mind," has always been my greatest trouble with these cases in private practice. As to cure in those cases in which I could control, the time elapsing since the "sixties," and since my later satisfactory experience with so serious a disease dating back to 1880-1884, I have had quite a number of opportunities of observation of those of the first class "even unto the third generation," and of the latter, to the second, in which there has been no reappearance of the disease in any form.

Another danger I apprehend in being too hasty in our efforts to be the "early birds," lies in "commercialism;" and while I have great confidence in nearly, if not all, of our great pharmaceutical manufacturing houses, we cannot be too careful in the use of a remedy in regard to which the "last word has not yet been said." In conclusion, sincerely hoping that all that has been so far claimed for this truly wonderful remedy, which to say the least, is more than wonderful, especially as to the early and marked improvement; yes, sincerely hoping that it may be all that has been claimed for it, by even the most enthusiastic will be realized, we yet and again say, "Festina lente!"

WINTER WEATHER SUGGESTIONS.—The great prevalence of coughs, at present, especially those of grippal origin, makes it not amiss to present a suggestion and a remedy. In place of remedies which always dry up expectoration, disturb digestion, cause constipation, and

render the patient uncomfortable and drowsy, it is desirable to employ the extremely efficient and popular cough sedative, Antikamnia and Codeine Tablets. This remedy relieves cough by its soothing effect upon the air-passages, but does not interfere with expectoration, and, in fact, renders it easier by stimulating the respiratory muscles. Only a very small dose, one tablet, every one, two or three hours, for adults, is required to produce a satisfactory result. One on the tongue when retiring will greatly relieve night-coughs.

THE ILLY-NURTURED BABY.—In the course of daily practice the physician is frequently called upon for advice as to the management and treatment of the child that fails to thrive. Many such babies, while not marantic, and while apparently happy and healthy in other respects, seem to remain "in statu quo," without evidencing the normal growth and gain in size and weight. Very naturally, the first thing to be investigated is the character of the child's food, the frequency of feeding, etc., and attention to the food factor is imperative, if improvement is to be expected. In addition to this, however, the little patient often requires some "fillip" to vitality, in the form of a mild general tonic and reconstructive. For this purpose nothing is more generally beneficial than Pepto-Mangan (Gude), in doses proportionate to age. Being palatable, even young children take it readily. As it is free from irritant properties, it is readily tolerable and absorbable, without disturbing the digestion or producing constipation.

RELIEF OF THE SEVERER BRONCHIAL DISORDERS:—In these bronchial disorders of a severer type, relief will promptly follow the administration of Pruni-Heroin (Wytttenbach), for incorporated in it are the agents calculated to allay inflammation of the small bronchial branches. Not only is relief prompt but the condition is markedly ameliorated, further extension of the process being prevented. Pruni-Heroin (Wytttenbach) easily takes first rank among expectorants, and by reason of its potent and well-balanced formula, definite results may confidently be looked for. A sample for the asking by addressing the Wytttenbach Chemical Co., Evansville, Ind.

"PARALDEHYD" possesses many of the good without the evil qualities of chloral. Used in Insomnia resulting from various causes. The objectionable taste of the chemical is to a great extent, disguised by Robinson's Elixir Paraldehyd, (see advertising, page 17), which is an elegant preparation. All the preparations made by Robinson-Pettet Company, which is a house of long standing, and enjoys a reputation of the highest character, we can and do most cordially commend.

CAMPHO-PHENIQUE, liquid or in powder, is the acknowledged *premier* in the field of antiseptics for cases of either minor or major surgery. In powder, it is a most excellent dry dressing for cuts, burns, ulcers and all superficial wounds. We have been using it frequently for many years, and can most heartily commend it.

Danger Due To Substitution.—Hardly another of all the preparations in existence offers a wider scope to imposition under the plea of “just as good” than the scientifically standardized Eucalyptol. The most recent fraud practiced in regard to this product is an attempt to profit by the renown of the firm of Sander & Sons. In order to foist upon the unwary a crude oil, that had proven injurious upon application, the firm name of Sander & Sons is illicitly appreciated, the make-up of their goods imitated, and finally the medical reports commenting on the merits of their excellent preparation are made use of to give the desired lustre to the intended deceit. This fraud, which was exposed at an action tried before the Supreme Court of Victoria, at Melbourne, and others reported before in the medical literature, show that every physician should see that his patient gets exactly what he prescribes. No “Just as Good” allowed.

THOSE COUGHS THAT HANG ON.—Few conditions prove such a source of worry and annoyance to patient and physician during the cold months as those obstinate coughs of bronchial origin. Not only is the cough a great bother, but if not checked it is not unusual for a graver state—such as pulmonary tuberculosis—to follow. For the relief of “those coughs that hang on,” Cord. Ext. Ol. Morrhuæ Comp. (Hagee) is a favorite remedy with thousands of practitioners. It takes the edge off the cough, soothes the irritated mucous membrane and so builds up general health as to increase markedly the bodily resistance to other and more serious diseases. Cord. Ext. Ol. Morrhuæ Comp. (Hagee) is a potent yet palatable cod liver oil preparation.

CALCIDIN IN WINTER DISEASES.—Perhaps the remedy most frequently prescribed in the winter months is Calcidin or iodized lime. For croup and other diseases now prevalent that imperil the patient and try the doctor it appears to be the master-remedy. Thanks to it, croup is not the terror it once was; it has saved countless lives in years past.

Calcidin is also useful in coughs and colds that show a tendency to hang on; as well as for la grippe and bronchitis and kindred disorders, especially when they are of a chronic type. Used as basic

medication this agent seems to break down the bars of chronicity, so to speak, and to pave the way for recovery.

As before stated, Calcidin is iodized lime, yielding 15 per cent. of available iodine. It is called by some "calx iodata." It is without doubt better tolerated than any other iodine-containing agent we possess, and, therefore, is best suited for prolonged administration. It is a good substitute for the ordinary tincture (an exceedingly variable article as found in the stores) and for the inorganic iodides.

Calcidin comes from the laboratory of the Abbott Alkaloidal Co., Chicago, who offer to send a sample of it and a booklet about it, to any doctor who is unacquainted with the product.

A TRANQUILIZER IN THE PSYCHONEUROSES:—The progressive character of the average psychoneurosis—taking hysteria as a type—leading practically to chronic invalidism, is not the least of the reasons demanding well chosen therapeutic measures.

As a corrector of the unstable state of the nervous system wrongly called hysteria, *Passiflora Incarnata* (Daniel's Concentrated Tincture) is positively indicated and may be depended upon to produce the results expected of it. Its particular province of usefulness is in these very conditions and by reason of the results attending its administration, it has earned the name of the unexcelled nerve tranquilizer.

By sending your professional card to the Laboratory of John B. Daniel, Atlanta, Georgia, you will be supplied with a sample bottle of *Passiflora Incarnata* (Daniel's Concentrated Tincture) without cost.

ELIXIRS DE LUXE.—Parke, Davis & Co. announce some important improvements in their line of medicinal elixirs, a line numbering more than one hundred and twenty-five preparations and highly esteemed by physicians on the score of therapeutic excellence. The improvements cited are in manufacturing processes, in the interest of palatability, permanence and physical appearance. They are set forth at some length in the current issue of *Modern Pharmacy*, from which these interesting extracts are taken:

"Three or four years ago, in the gradual development of our scientific staff, we secured the services of Professor Wilbur L. Scoville, a pharmacist well known to the country and a man pre-eminent in the field of what has been termed pharmaceutical elegance. Professor Scoville may well be considered an artist in questions concerning odor, flavor and appearance of galenicals. The first task assigned to Professor Scoville was to go systematically and patiently through our entire line of elixirs—regardless of what other workers had done before him, and regardless of what changes were under consideration

at the time. He was given carte blanche to go ahead and suggest any modifications and improvements which seemed to him necessary.

"Professor Scoville at once began an exhaustive series of experiments which took him nearly three years to complete. He went over the entire line, improving here the flavor, there the color, elsewhere the odor, and in other instances the permanence of our products. How well he succeeded may be seen by comparing any one of our elixirs with others on the market. It is our honest opinion that there is no other line of elixirs in the United States to-day possessing an equal degree of therapeutic efficiency which will stand up on the druggist's shelves and retain their physical properties and clearness so long as Parke, Davis & Co.'s. . . .

"During this three years of work we have made hundreds of experimental lots which have been kept under observation for a period of from six to eighteen months. The experiments have included such things as increasing and decreasing the percentage of alcohol, noting the effects of different solvents upon the stability of the elixirs, the increase and decrease in the proportion of the sugar present, and the effects of acids. We have studied the effect upon permanence of the elixirs of using fluid extracts or percolating the mixed drugs direct. The matter of aging and also the use of refining agents such as egg albumen and similar proteid matters have been tested out. The essential oils and perfumes employed have been subjected to careful criticism; many of these have been changed with the idea of getting a better blend or a more agreeable flavor.

"We might sum it up by saying that we have attempted first to make our line more stable; secondly, to improve the physical properties which appeal to the eye; and, thirdly, to improve the flavors which appeal to the palate. But we want it understood that in making these improvements we have not in a single instance sacrificed the medicinal activity of the preparation."

Reviews and Book Notices.

DIAGNOSIS OF SYPHILIS, by George E. Malsbary, M. D., Professor of Medicine, Cincinnati Polyclinic and Post-Graduate Medical School, author of a "Text book on the Practice of Medicine, and Monographs on "Treatment of Tuberculosis," "The Rheumatisms," "The Septic Infections," "Meningitis," and "Cerebro-Spinal Meningitis," (in Wood's Reference Handbook of the Medical Sciences), Member of the Cincinnati Academy of Medicine, The American Medical Association, The Cincinnati Obstetrical Society, etc., 8vo., cloth, pp. 422. Harvey Publishing Co., Cincinnati, publishers, 1911.

For a book which takes up the diagnosis of syphilis in a most systematic form, Dr. Malsbury's work is unique. No part of the human organism that syphilis is wont to attack escapes the most careful consideration of the subject and concise differential diagnoses are drawn between syphilis and all conceivable conditions that may simulate it.

While, as is stated in the preface, "laboratory work supplements rather than supplants the clinical diagnosis" no pains are spared in bringing out the salient points of microscopical and serum diagnosis. The most recent methods of recognizing the *spirochæta pallida* and the different serum tests are clearly brought out. A noteworthy and very commendable feature of the work is the extensive bibliography which appears in the back of the book in indexed form. The book contains rather too many typographical errors even for a first edition, but they, of course, may be readily corrected in a later edition for which there will undoubtedly be a demand.

PRINCIPLES OF PUBLIC HEALTH, a simple text-book on hygiene presenting the principles fundamental to the conservation of individual and community health, by Thomas D. Tuttle, B. S., M. D., Secretary and Executive Officer of the State Board of Health of Montana. 8vo., cloth, pp. 186, illustrated, price, 50 cents, by mail, 60 cents, World Book Co., Publishers, Yonkers-on-Hudson, N. Y., 1910.

Dr. Tuttle has here set forth the general rules of life by the observance of which every adult and child cannot only do much to preserve his own health, but can also prove himself a prominent factor in raising the standard of public health.

The author has not attempted to deal with all the disease that may be classed as preventable; as the work is intended for use in the public schools, only such disease are mentioned as it seems fitting to present to school children. To teach children a proper respect for their own health and for community welfare is to fit them for the best citizenship.

PRIMER OF HYGIENE, by John W. Ritchie, College of William and Mary, Va.; and J. S. Caldwell, Peabody College for Teachers, Tennessee; 8vo., cloth, pp. 184, illustrated, price, 40 cents, World Book Co., Publishers, Yonkers-on-Hudson, N. Y., 1910.

This little work is written in language so plain that a ten-year-old child can understand it, and its purpose is to teach the lower grade pupil in our schools what he himself can do to keep his body in health-personal hygiene. It tells the elementary facts that every one should know to keep his body in health, and although every chapter is most excellent, we can especially commend those on the Care of the Teeth, on Adenoids, and Enlarged Tonsils. A practical book for practical purposes.

Genesis. A manual for the instruction of children in matters sexual. For the use of parents, teachers, physicians and ministers. By B. S. Talmey, M. D., former Pathologist to the Mothers' and Babies' Hospital and Gynecologist to the Yorkville Hospital, New York. 8vo. cloth, with nineteen cuts, forty-seven drawings, in the text, pp. 194. Price, \$1.50. The Practitioner's Publishing Co., publishers, 12 West 123d St., New York, 1910.

There are a good many parents who are convinced of the necessity of enlightening their children in regard to the science of sex, but they lack the requisite knowledge, and a few hints would be of little service to them. They need a detailed lesson. Even the teachers need a guide to follow. The physician knows his anatomy and physiology, but is generally deficient in pedagogy, while the minister may have pedagogical knowledge, yet has little acquaintance with physiology and anatomy. Thus all the four natural instructors of youth need a manual to guide them in their task.

For this reason the author has set out to supply the want by writing a text-book for the instruction of children in matters of sex. In the first, the general part, the author, too, has tried to contribute his mite to prove the necessity of instructing the young in sex matters. This action is naturally more or less a repetition of what other authors have said on this subject. The five lessons in the second, the spe-

cial part, will be of some service to all classes of instructors. The first two lessons are, in the nature of things, only for parents and guardians of infancy and early youth. The two following lessons may be made use of by cultured parents, but they were written mostly as a guide for teachers. The fifth lesson will be of value to the physician, in his talks to growing boys and girls when going out into the world, and to the minister, while preparing the children for confirmation.

Medical Chaos and Crime. By Norman Barnesby, M. D., 8vo., cloth, pp. 384. Price, \$2.00, net. Mitchell Kennerly, Publisher, New York and London, 1910.

An inquiry into the widespread demoralization of the medical profession, a warning to the victimized public, and an earnest plea for immediate and drastic reform. Dr. Barnesby's personal exposures, and the formidable array of confirmatory testimony that he quotes, will quickly convince the open-minded reader, whether layman or physician, that a terrible problem now confronts this nation, the neglect of which means such a wanton destruction of health and happiness, and such an appalling loss of human life, that one recoils in horror from the spectacle. It is indeed a terrible arraignment of the medical profession, and while the subject matter of the work will be criticized severely by some, and denied bitterly by others, yet the arraignment is there, together with a mass of testimony gathered from various sources, some of which is at least unquestionable and of the highest order.

The Physicians' Pocket Account Book. By J. J. Taylor, M. D., 212 pp., leather. Price, \$1.00 postpaid. J. J. Taylor, Publisher, 4105 Walnut St., Philadelphia, Pa.

The especial feature of this book is a system of accounts whereby each transaction can be recorded in a moment's time in plain language, so that it is strictly legal as evidence in court without personal explanation, and so arranged that any patron's account can be ascertained on demand without

any posting. There is only one entry of each transaction, and this in such a form that no posting is ever required. It saves time, labor and worry, and insures that your accounts are always up to date, so that you can send statements out every month without any delay and can inform any patron, wherever you may meet him, of the exact state of his account. This feature alone in the course of a year will secure payments for you—that would otherwise be missed—sufficient to buy your account books for a whole lifetime. It is the simplest, quickest and easiest legal account system on the market.

The book also has some easy and practical directions for billing and collecting, some excellent business and legal hints, some valuable forms for emergency use, such as "dying declarations," "form for wills," etc., an average medical and surgical fee bill, besides miscellaneous tables, clinical directions, etc. Having a good cash account department and various clinical records—vaccinations, deaths and confinements—it forms a complete year book for the physician's pocket.

For those who prefer to keep their accounts at the desk, the same system has been enlarged into a desk size book of 400 large sized pages, the price of which is only \$5.00 per copy.

Psyche. A concise and easily comprehensive treatise on the elements of psychology and psychiatry. For students of medicine and law. By Dr. Max Talmey., 8vo., cloth, pp. 282. Price, \$2.50. The Medico-Legal Publishing Co., 55 W. Twelfth St., New York, 1910.

This work is comparatively short, yet so comprehensive as to form a complete textbook of psychiatry with an excellent introduction to the elements of psychology. The following brief excerpt from the large table of contents will give an intimation of the comprehensiveness and the appropriate arrangement of the work. The book consists of five parts:

1. Psychology or Physiology of the Mental Functions.
2. General Pathology of the Mental Functions.

3. Etiology of Insanity.
4. Prognosis and Therapy of the Psychoses.
5. Special Pathology of Insanity.

An extensive and accurate index facilitates the reading considerably.

Particularly illuminating, and to a great extent original, are the explanations of the fundamental conceptions of the subjects. Special attention is called to the chapters on *sensations, sense impressions, feelings, morbid mood, hallucinations, delusions, compulsory ideas, idiocy and defective children, recurrent insanity (manic-depressive insanity), etc.*

Attractiveness and simplicity of style and many examples, taken from every-day life, to illustrate difficult points, contribute to make the book very interesting and to afford great pleasure to the reader.

A Compend of the Active Principles With Symptomatic Indications for Their Therapeutic Use.. By Harold Hamilton Redfield, A. B., M. D., Associate Professor of Therapeutics, Bennett Medical College, Chicago.; Professor of Therapeutics and Physiology, Reliance Medical College, Chicago; 8vo., cloth, pp. 115. Price, \$1.00. Clinic Publishing Co., Publishers, Chicago, Ill., 1910.

We have just received Dr. Harold H. Redfield's new book, "A Compend of the Active Principles, With Symptomatic Indications for Their Therapeutic Use." This book, the fruit of much study and a rich clinical experience, is meat without shell from cover to cover.

Dr. Redfield is Associate Professor of Therapeutics in the Bennett Medical College and Professor of Alkaloidal Therapeutics in the Reliance Medical College, the first chair to be established distinctly on these lines.

This little book is the concrete expression of an effort to epitomize in a condensed and usable form certain facts concerning some of the most valuable of the active remedies. It is most excellently printed, on good paper, and excellently bound.

Selections.

PROSTATIC CANCERS—The New England Medical Gazette declares that with accumulated experience there has come from all surgeons universal testimony that carcinoma of the prostate is an all too common complication. It is idle to discuss here whether it occurs primarily in a gland otherwise normal, or whether it is exclusively or usually a complication of and secondary to senile prostatic enlargement. It appears that somewhere from seven to ten per cent of the prostate cases which come to the surgeon are carcinomatus.

It is a fact that some cases of prostatic obstruction of the type discussed in the first section of this paper develop rather suddenly new and distressing symptoms without cause. The earliest hint of this new menace is pain of a character not previously experienced, vaguely referred to the vesico-recto-sacral region independent of the bladder condition whether full or empty. In cases which have gone on some months secondary nodes may be found in one or the other inguinal region, and still later there may be oedema.

In such far advanced cases diagnosis and prognosis are easy and positive, viz., carcinoma and early dissolution. It is not so easy, however, in the early stages to reach a diagnosis or to advise for the patient's interest. If, on rectal examination, the prostatic resistance merges into the surrounding tissues without sharp line of demarcation; or, in other words, if the clear-cut roundness and symmetry of the gland be lost, strong suspicions of carcinoma are awakened. If, in addition to this, hard nodes are felt in and about the prostate, suspicion becomes conviction. If still unconvinced by rectal touch, cystoscopic examination may yield further knowledge of the local pathological condition. One sometimes finds the mucous membrane of the floor of the bladder in the vicinity of a cancerous prostate, studded

with secondary nodules when rectal touch has failed to yield satisfactory evidence.

In our present state of knowledge and experience cases of prostatic carcinoma which have already invaded the bladder wall or surrounding tissues should be relegated to the inoperable class. No good is done by subjecting such cases to anything other than temporizing expedients, such as suprapubic or perineal cystotomy for drainage, and not even this as long as the bladder can be evacuated per urethra. The pain and discomfort incident to carcinoma are bad enough in themselves. To add this to the drip, wet, misery and confinement of incontinence is ill advised unless the bladder cannot be drained otherwise.

Irrespective of all other reasons for early prostatectomy the cancer menace is a positive and irrefutable one. It is a full and valid reason in those cases mentioned in the early part of this paper. The comparatively rare occurrence of cancer in uterine fibroids is considered by some of sufficient reason for urging hysterectomy upon otherwise inoffending cases. How much more urgency is there in a disease which has the large showing of seven to ten per cent!

Emphatically in all cases of prostatic obstruction of a mild character which develop localized pain and discomfort not accounted for by the ordinary pathological conditions accompanying benign prostatic hypertrophy, prostatectomy should be urged, that radical removal may, if possible, be effected before the malignant disease has escaped outside the capsule.

INTESTINAL AMOEBIASIS, IPECAC IN THE TREATMENT OF.
—After four years of experience, with but little success, in attempting to eradicate intestinal amœbiasis by means of rest, dieting, and lavage of the colon, using copious enemas of salt solution, quinine, thymol, and quinine and thymol combined, the authors obtained encouraging results with ipecac given in salol-coated pills. Eight cases of

amœbiasis with dysentery, followed for six weeks to five and one-half months, with repeated examinations of the stools for amœbæ, were apparently cured; also three cases with dysentery, followed less than six weeks, and three cases without dysentery, followed from two to five months. There was failure to eradicate the infection in four other cases, but these were not thoroughly treated.

Probably the best dosage and method of administration, the authors believe, is to begin with 60 or 80 grains at bedtime, and decrease the dose five grains daily until a dose of 10 grains is reached. As a rule, it is unnecessary to continue the treatment longer, and usually advisable not to do so, for the small doses may serve only to keep up a catarrhal condition of the bowel, already excited by

the large doses. Rapid cures may sometimes be effected by giving forty grains of ipecac three times during twenty-four hours, but this method is not a sure one. The thickness of the salol coat of the ipecac pills must be carefully regulated so as to prevent vomiting on the one hand, and, on the other, the passage of intact pills through the intestinal canal. A coating one-sixteenth inch thick gave the best results; if anything, it was slightly too thick. The patient should be at rest in bed and on liquid diet; no solid food or milk should be given for at least six hours previous to the ipecac, and no liquids for three hours previous. No opiate is necessary.

The experience of the authors leads them to state that a large proportion of amoebic infections can be eradicated by ipecac treatment. It was far superior to any treatment previously tested, and should always be given a thorough trial before surgical treatment is attempted. W. V. Brem and A. H. Zeiler (*American Journal of the Medical Sciences*, November, 1910).

TREATMENT OF SHOCK—The treatment of shock is simple and mostly passive. Be careful to do nothing which can add to the existing shock.

In moving a patient be gentle with him. Do not permit a broken bone to gouge into the flesh and nerves and blood vessels needlessly.

Keep him quiet on his back, with head low.

Apply artificial heat.

Give morphine hypodermically for the relief of pain and to quiet the mental agitation. The hyoscine-morphine combination is best for this purpose.

Give strychnine (1-20 grain) to revive the heart action.

Give hypodermic or intravenous injection of saline solution to fill up the blood vessels. Atropine and ergotol will contract the smaller blood vessels. Adrenalin chloride will raise the blood pressure.

"In a patient suffering from shock as the result of injury,

none but the most imperatively demanded operations, such, for instance, as that required for the arrest of hemorrhage or for the relief of some condition on which the continuance of the shock depends, should be undertaken."—*Fowler*.

Park makes the point that sometimes an operation will relieve shock, as when sharp fragments of bone are gouging the flesh or nerve-trunks, and in depressed fractures of the skull.

"Stimulation of sensory nerve-trunks or sensory surfaces (skin, parietal peritoneum, periosteum) in an animal in a condition of shock leads to a further fall of pressure, and to this extent augments the condition of shock."—(*American Practice of Surgery*.)

The prognosis in shock is generally favorable. Nevertheless, the patient may die in a few seconds, or he may do well for hours or days and then die suddenly. These sudden deaths in patients who seemed to be recovering from shock are most frequently due to fat embolism. The capillaries drink in enough liquid fat to cause an embolus in some vital part. The patient will be "seized with symptoms of some great disturbance and die in a few hours or days."—*American Encyclopaedia of Surgery*.

"If delirium arises the condition is very grave. . . . After careful observation of fifty cases (of shock) during the siege of Paris, Reddard declared that a fall of temperature is a constant phenomenon. Every wounded man brought to the field hospital presenting a temperature lower than 96 degrees will succumb, and consequently it is useless in such cases to resort to operation. Every wounded man in whom a salutary reaction does not come on by the end of the fourth hour, and in whom the reaction is not in indirect proportion to the fall of temperature previously, ought to be considered as in a very serious state."—*Dennis' System of Surgery*.

THE "STUFF AND NO MISTAKE."—My brother and I quite a while, but it is useless to tell our success, for it is getting to be an old story. Our most notable results—results in contrast with the old do-nothing plan—have been with the much-talked of H-M-C. We have used it in everything from the "pip" to the extraction of teeth,

and have nothing but praise for it—no bad results—no cyanotic babies—no sudden collapse—no morphine after effects, so what's the use? H-M-C is the "stuff" and no mistake. This "holler" about the "blue-babies" and all that tommyrot, is the ranting of the weak-kneed. In a series of about forty obstetrical cases, during the past three months, we haven't had any "blue-babies," or for that matter, anything else but dandy results. Contractions good, the woman sleeping between pains, pulse improved. (Have you noticed that when the pulse is weak, slow, and not at all full, H-M-C will improve it to a marked degree? Cactin may not have any therapeutical effect, but I don't believe it.) Babies are as pink as anybody's old babies—no hemorrhage, etc. It's a winner for us, Doctor.

Here is one for you, an old story, however: Alma, age 3, had chill about 3 a. m., followed by high fever, vomiting, headache, pain in the right side, respiration fast, shallow with a "grunt" at end of inspiration. I saw the patient about 7 a. m. the same morning and found her in the following condition: Temperature 104 degrees F.; pulse 120, full, bounding; respiration 40, shallow, evidently causing great pain; skin hot, dry; face flushed; eyes, pupils slightly dilated; tongue coated; breath foul; bowels constipated; kidneys acting scantily and urine high colored.

Examination of the lungs showed breathing shallow, restricted, cough distressing. Palpation: vocal fremitus increased on the right side. Percussion showed nothing. Auscultation; small bronchial rales; breathing typically bronchovesicular. Nervous symptoms were slight—seemed too "flighty" at times.

I made a provisional diagnosis of pneumonia and told the parents that twenty-four hours would tell the tale. My treatment was as follows: Calomel and podophyllin, 1-6 grain each, hourly for six doses, then Abbott's Saline Laxative. Chest enveloped with Milliken's "mud" and dosimetric trinity given "to effect." Calcidin, nuclein and strychnine later. Twenty-four hours later Alma met me at the door and

showed me the dolly that Santa Claus had brought her. Was this a beginning pneumonia or not? I must confess that I do not know and I don't see that it makes very much difference so long as we got results. I have never fully satisfied myself as to whether we can abort a pneumonia or not, for the simple reason that we will never know whether it will ever be a true pneumonia; but in cases of the above character, are we not justified in thinking that it would have been a pneumonia if let alone for another twenty-four hours?

Anyway, Doctor, we are getting results with not only two or three of the alkaloidal preparations, but with all we use.

Buckley's Uterine Tonic, macrotin, emetin, calcium sulphide, Calcidin, and a host of your other other preparations are standbys.—R. K. OGILVIE, M. D., of *Blodgett, Mo.*, in *Helpful Hints*.

THE TREATMENT OF GONORRHEA BY MEANS OF THE LACTIC ACID BACILLUS:—Watson in the *British Medical Journal*, says that it is well known that Doederlein's acid-forming bacillus protects the vagina against other infections. This led the writer to the thought that the lactic acid bacillus might possess a similar power. The author used filtered sour milk, which is very rich in these bacilli, sometimes adding to it a milk sugar and powdered lactic acid bacilli tablets. After the genitalia have been carefully cleansed, without, however, using any antiseptics, the milk so prepared is injected. At first the discharge is increased in amount, but becoming pale and watery. Thereupon a steady improvement sets in, mild cases being cured in five or six days, more obstinate cases in two or three weeks. The writer has used the method on only two cases of male gonorrhea, in both, however, with good results.

METHODS OF PREPARING 606:—Kromeyer recommends the following method of preparing Ehrlich's arsenobenzol,

606: A stated amount of the drug, 3.0, for example, is thoroughly rubbed up in a mortar with a small quantity of liquid paraffine, and more and more is added up to 30.0; then each cubic centimeter will contain 0.1 of 606. Put up in glassed stoppered bottle and keep in a dark place. With this emulsion the intramuscular injections are made precisely as is done with that of salicylate of mercury, slowly, to prevent tissue damage, using also a somewhat stouter needle. In the course of 100 injections made, neither severe pain nor swelling was observed, and the clinical effect was prompt. Dr. Treupel and others believe that Kromeyer's way will very probably be followed by most practitioners.—*Berliner Klinische Wochenschrift*.

TWO CASES TREATED BY THE EHRLICH-HATA PREPARATION—M. S. Kakels, New York, presents a preliminary report on the first two cases of syphilis treated in America by the Ehrlich-Hata preparation, 606. The first case was in the person of a man twenty-four years old, who had an extensive gummatous infiltration of the liver; he had had the initial one three years before, and gave a positive Wassermann reaction. An injection of 3 decigrams of 606 was soon followed by signs of betterment, and within two days the large tumor had very markedly decreased in size. The second case was that of a man, thirty-six years old, who had suffered from syphilis for three years; the disease was markedly obstinate, responding hardly at all to the usual specific remedies. He was finally practically given up by his physicians, and death was regarded as certain within a short time. Within two days after an injection of 3 decigrams of 606 a marked improvement was noted, and within one week the ulceration and pustules had almost disappeared; a broken-down gumma on the nose was filled up with healthy granulations; a large and deep ulcer on the malleolus was also filled with healthy granulations, and epidermis was beginning to grow over it; and other subcutaneous gummata were rapidly diminishing in size.—*Medical Record*, September 24, 1910.

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Original Communications.

IS A FOETUS A PERSON?

BY W. FRANK GLENN, M.D., OF NASHVILLE, TENN.....

In the December number of *The Medical Standard* of Chicago, under the above heading I read the following decision of a judge in St. Louis, Mo., in a case of damages claimed for the destruction of the life of a child (foetus) four months in utero. "Life comes with the breath, and breath comes with birth, and that the personality of a human does not attach to a being until its birth, when solicitude for its welfare is aroused by its first piercing wail."

The editor of the *Standard* justifies this decision by the following: "But the decision under review seems to estab-

lish that which we have previously argued from the premises of physiology and common sense."

Such a decision to the doctor who has thought and studied along these lines is simply appalling in this enlightened age of deep psychological and metaphysical investigation. To assert that life and immortality only exist after breathing, is something beyond comprehension. Two questions must be settled first in answering such an argument, viz: *What is life? What is breathing?*

The first is more difficult to answer than the second, but I would take it to mean (in health), the physiological action of all the functions of the body. These functions are carried on in the ultimate cells of the body. All other physiological functions are simply aids to supply these cells with proper nutritious elements necessary to carry on the functions of life. All functions are stimulated into activity by nerve force or life force, or spirit, all synonymous terms.

The answer to the second question, "what is breathing?"—is comparatively easy. Breathing is that function for the physiological purpose of supplying the necessary air-food to the cells of the body; this air-food being oxygen. The solid and liquid foods are furnished through the alimentary canal; but the aerial food (oxygen) is supplied after birth by the lungs—breathing. The same element is supplied to the foetus by the blood of the mother through the placenta, so the physiological forces of breathing takes place while the child is in the mother's womb just as effectively as it does after birth.

Then, to maintain that a child is not a living soul, a personality, until after it breathes oxygen into its lungs is absolutely void of logic. It would be just as reasonable to say that a child was not a living being until it began to be nourished by the mouth. Again, the spermatozoa are imbued with the life principle, the vital force, and the instant they enter the ovum the life of a human being begins and continues to exist as an individual entity until death, whether

that occurs in the womb or at seventy or more years of age.

Is it not remarkable that such a decision should be rendered, when almost, if not every State in the Union, in its criminal code, defines criminal abortion to be the destruction of the foetus at any time after conception. It is astounding that any jurist would render a decision in such language, when formerly in the various States criminal abortion was defined to be destruction of the foetus after three months, while now, practically all have eliminated the time period entirely, and made it a penitentiary offense to destroy the foetus at any time after conception.

This decision is beyond my comprehension, but it is still more incomprehensible how a medical man, who knows that no egg will hatch without the fertilizing, the vitalizing influence of the spermatozoon, will say that it is in accordance with "physiology and common sense." While life is maintained by many physiological processes, of which breathing to supply oxygen is one, yet life is not originated by breathing or started by it. The spermatozoa are endowed with the life principle, a principle which no chemist has yet analyzed, nor any physiologist correctly defined. The moment, the very instant that a spermatozoon merges into the germinal sac of an ovum, the life of that being—human or other—begins and continues to exist until destroyed. Therefore, a foetus is a living human being, a personality, at all times after conception. Undisturbed it goes on to the development of a full grown man or woman. It has the life principle implanted at the instant of conception, and is at once a living, human being, endowed with specific powers and properties—vitality; and will continue its development through the various stages of life until full maturity if undisturbed in the womb, or not cut off by disease, accident or other cause in after years. We might as well argue that to kill a baby two months old is not murder, but to kill the same human being after is it twenty or more years of age

is murder. We might as well argue that the destruction of the small acorn did not effectually kill the mighty and majestic oak. Such doctrine and teaching encourage only too many who are anxious for an excuse to produce an abortion for money, and should not be endorsed or entertained by well meaning medical men.

COMPLICATIONS FOLLOWING DEEP URETHRAL INFLAMMATION, SPECIFIC AND OTHERWISE.*

BY JAS. W. HANDLY, M.D., OF NASHVILLE, TENN.

In bringing to the attention of this society a discussion of the various complications to which the deep urethra is subject, I feel that I am suggesting a theme on a subject that is too often overlooked in the daily work of the general practitioner.

Many are the cases of specific urethritis that continue for months as the result of indifference or ignorance of the physician in charge, many of whom are content to prescribe their usual stereotyped remedy, tell the patient to use it three times daily and have refilled as may be required, without making a careful and intelligent examination of the patient, or without suggesting the subsequent treatment the case demands.

Few doctors discriminate between anterior and posterior urethritis, a point that is most essential in carrying out the proper treatment of the case. Most are inclined to look upon this horrid disease too lightly, and furthermore, educate their patient to this belief, until the severity of the case opens their eyes to the realization of the fact that they have something out of the ordinary to deal with.

Again, some physicians are too nice to take hold of this delicate organ, which all scientific men should carefully inspect after it has been rendered surgically clean—and the

*Read at regular meeting of the Nashville Academy of Medicine, Jan. 17, 1911.

treatment carried out as they would any surgical operation; namely, with care, consideration and intelligence. Doctors are too prone to routine both as to diagnosis and treatment. Every case recent or ancient should be subjected to the microscope and opinions rendered afterwards.

It is estimated that ninety per cent of anterior urethral disease of a specific nature become posterior sooner or later; a large number within the first week. Here the germs meet a warm reception in the glands and pockets found there. The results of treatment applied to these parts are often disappointing.

Patients apparently well for weeks, pains and discharge gone, awaken to find reinfection of the anterior urethra by reason of the excited activity of the latent germs stored within the confines of this region.

Foci of infection are found in Cowpers glands, the prostatic follicles, the ejaculatory ducts leading to the seminal vesicles and epididymis. The spindle shape prostatic urethra is a fine barrel for the storing of pus and mucus, which automatically empties itself into the bladder.

Fortunately this organ enjoys a comparative immunity to gonorrhoeal infection, the so-called gonorrheal cystitis being a posterior urethritis in the large majority of the cases.

We then find posterior urethritis as a superficial inflammation of the mucous membrane; or a deeper involvement of the follicles of the prostate or a parenchymatous prostatitis. Either of the latter may be the beginning of suppurative action, with formation of a prostatic or periprostatic abscess as a result. Excesses in coitus or alcohol are distinct exciting causes of this last development. Time forbids a detailed description of the symptoms incident to these complications, except to say, that they are most severe, as to pain, urinary obstruction, ardor urinae, general fever, sweats and general disturbance of the nervous system. Rectal exploration reveals a hot, tender, swollen prostate, or later a fluctuating mass which tells the educated finger that

something surgical must be done. This we will take up later.

Passing from the prostate, we enter the ejaculatory ducts where our germs have traveled to first, the seminal vesicles and stirred up action there. Research finds both sacs swollen, hot and tender, pressure per rectum causing the accumulated pus to exude into the deep urethra, to flow out with next passage of urine with only temporary relief of symptoms. The mucous membrane of the ducts may become thickened by inflammatory action and partially or completely obstruct the outflow—at which time the symptoms would be exaggerated and perhaps require surgical relief. More along this line later.

The spiral ducts leading to the vesicles might divert the course of the inflammatory action along the vas deferens to the epididymis with subsequent swelling of the testicles. Very severe pain, general systemic and nervous disturbance, high fever, causing patient to take his bed for a week or longer.

The treatment of this familiar condition every general practitioner knows to a certain measure, but few appreciate the absolute necessity of the recumbent posture, immobility of the testicles, by perfect suspension, and above all the need for internal medication with a full dose of calomel. The various ointments and irritating applications to the scrotum avail little; heat or cold properly applied, suspension and rest being usually all that is necessary.

The verumontanum shares with the other organs a reasonable amount of infection. This little sensitive organ feels the attack very keenly, and retains its inflammation a longer time. It is the impression made on this verumontanum that causes so many cases of temporary impotence that we meet.

Urethroscopic examination shows to a trained eye a soft, spongy, red, swollen and tender verumontanum after a prolonged inflammation of the same, and topical application of nitrate of silver 5 per cent to 10 per cent brings

about good results, both as to the inflammation and impotence. Argyrol in 10 per cent solutions applied through a deep urethral tube is very soothing and effective.

While urinary antiseptics, uratropin, formin, boric acid and others are advisable in all forms of deep urethral inflammation (I have almost entirely abandoned the oils and balsams), I rely upon a few irrigations and topical applications, as a rule, in the treatment of all forms of the above.

The alternate use of mild silver and zinc solutions properly applied to these deep structures yield the best results, especially in the superficial forms.

The catheter is rarely necessary in irrigating, whether the fountain or hand syringe is used. I use a two-ounce hand syringe almost exclusively. Silver nitrate, gr. 1-8 to the oz., dissolved in warm water is sufficiently strong to start with; later it may be increased to gr. 1-4 to the fluid ounce, and be used every second day. It may be alternated with the zinc iodid gr. i to ij. to the fluid ounce, and this may be used twice in a day—both to be carried into the bladder by hand pressure.

Massage of the prostate per rectum, and occasional pressure with a large steel sound aids in emptying the super-filled glands and pockets of the prostate, which should be washed out with one of the above solutions afterwards.

Abscesses, prostatic and periprostatic, may or may not require surgical intervention.

Rupture per urethra after weeks of suffering are not infrequent, and immediate relief of symptoms present takes place. This rupture can and is brought about by the introduction of a catheter for relief of retention or for bladder irrigation, and may be done by the surgeon with intent to rupture if possible.

Good surgical treatment is administered by incision through the perineum, and subsequent drainage. The pus cavity is at times difficult to locate; is found high in the pelvis anterior to the rectum. By careful blunt dissection,

patience and intelligent exploration, the cavity can be reached without injury to the surrounding structures.

Opening by pucture through the rectal wall is done by some surgeons, a procedure I do not advocate, for obvious reasons. Watson disapproves of this method.

Suppurative vesiculitis may be treated surgically by two routes, from above and through the perineum, the latter being preferable. The operation requires incision of the sphincter, extensive blunt dissection and separation of the base of bladder and rectum; and after locating the swollen vesicles, free opening and drainage with a wick or gauze. This method is practiced by Fuller, who has given the seminal vesicles more study than any American surgeon. Indications for Fuller's operation are found in chronic seminal vesiculitis, a result of gonorrhoea.

Epididymectomy has for its object removal of disease of the epididymis and vas—while epididymotomy may be done for the relief of an acute suppurative action, a result of specific urethritis.

Thus far I have only referred to complications the result of gonorrhoea. We must not lose sight of the fact that all of the above organs are subject to tubercular and malignant disease, which might demand more extensive surgical treatment.

BRIEFS ON CONVULSIONS.

BY WILLIAM F. WAUGH, A.M., M.D.
CHICAGO, ILL.

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If there is one occasion on which the doctor needs to decide quickly and act quicker it is in a case of convulsions.

The diagnosis must be made at once, and the doctor must

get busy or Mr. Itt will jump in and Mr. Slowboy will be out of the case.

The convulsions attending teething and whooping-cough are held in restraint by full doses of atropine.

Convulsions, repeated, from unwholesome food in the stomach, with muscular relaxation, demand instant emetics; the best is the one at hand.

Convulsions from intestinal irritation subside under calomel, a centigram every quarter hour for six doses, followed by brisk cathartics.

All the valerianates repress the convulsive tendency, no matter what the cause; even the toxemic form to some extent.

Worm-fits cease when the parasites are expelled. Follow with a course of iron arsenate.

Convulsions ushering in eruptive fevers, the eruption delayed, demand full doses of atropine by hypo.

Uremic convulsions require quickest elimination; elaterin, pilocarpine, a saturated salt enema.

Veratrine is the most powerful of eliminants, and will yet be recognized as the best spasm-preventive in uremia, eclampsia and epilepsy.

Veratrine may safely be given in doses of one-half milligram every half hour by the stomach, or five milligrams by hypo in case of imminent danger.

When in epileptics uric acid disappears from the urine, push veratrine to the limit of gastro-intestinal irritation.

Picrotoxin has been given with success in uremia, and for the opening spasm of fevers.

High fever and strong pulse, with muscular rigidity, call for veratrine pushed fearlessly.

Aconitine is less effective and only applicable if the stomach is too irritated to retain veratrine, and no hypo at hand.

Glonoin relaxes the vascular spasm of the first stage of an epileptic spasm, aborting the attack.

Constipation must be removed; elaterin or croton oil, with aloin to prevent reaccumulation.

The small-dose bromides possess far more antispasmodic power than one would believe from the little bromine present.

Arsenic bromide, a milligram before meals for epileptics; add a daily dose for each fit, till the eyelids twitch.

Camphor monobromide does well for convulsants feeble and needing stimulation: one to six centigrams every ten to sixty minutes.

Cicutine hydrobromide lessens motor irritation: a milligram every one to four hours is safe and effective.

Solanine, one grain equals 150 of potassium bromide therapeutically and is half as toxic. A grain daily is an average adult dose for epileptics.

Gelseminine is one of the most generally applicable antispasmodics; useful for those too weak for veratrine; a milligram every one to four hours.

Macrotin is a slow remedy for nervous unrest and muscular twitching; one to five centigrams three to seven times a day.

Gelseminine is the remedy for spasmodic twitching of the eyes or lids; full doses.

Physostigmine for puerperals with feeble, tremulous pulse: one-half milligram hypo, every four hours.

Apomorphine by hypo for hysteric or toxic forms: to induce emesis.

Hyoscine, gr. 1-100 hypo for many convulsions of nervous rather than toxemic nature.

Venesection is thought the quickest means of ridding the blood of an eclamptic load of toxins; but a cold saturated salt enema acts quickly.

The removal of a source of reflex irritation is a rule general in its application.

It is incredible how many things and how apparently trifling may induce convulsions in the predisposed.

In seeking the cause do not go far afield and overlook an overloaded stomach or intestine.

Some wives and a good many husbands are enough to throw their partners into fits.

Fecal toxemia plays a large part in the causation of eclampsia.

Buttermilk is my best prevention for eclampsia.

I have prevented epileptic fits many months by giving the patient as much or little bromide as he felt he needed: up to an ounce, or two, a day.

Cicutine hydrobromide is the best adjuvant to the bromides in epilepsy.

The bromide of ammonium is not safe in large doses.

It is not curing a disease to drench the patient below the fit-point with bromides.

Convulsions with hyperpyrexia and rigidity demand the immediate application of cold; sometimes venesection.

As the values of gelseminine and veratrine are learned there will be less bromide, chloral and morphine used as antispasmodics.

For children's convulsions Osler advises chloroform. If they recur he pushes opiates. He objects to the hot bath. Indigestion requires an emetic and enemas. The teeth should only be lanced if it is needed.

Major epilepsy is shown by the sudden attack, loss of consciousness, clonic following tonic spasms, and sphincter relaxation at the height of the attack.—*Osler*.

Uremic convulsions are epileptic in character, and recognizable by greatly increased tension and by examination of the urine.—*Osler*.

In young adults hysteria is the commonest cause of convulsions, which closely simulate true epilepsy.—*Osler*.

Recurring epilepsy in a person first attacked when over thirty, is nearly always due to syphilis.—*Fournier*.

Petit mal is distinguished from syncope, vertigo, cardiac

lesions and indigestion, by the loss of consciousness occurring with the former.

Hysteric convulsions follow emotional disturbances, and occur in persons subject to the general hysteric phenomena.

Convulsions are rare with cerebral hemorrhage, much more common with cerebral gummata, and with other cerebral tumors.

Uremic convulsions may come without warning or be preceded by headache and restlessness. The temperature is sometimes high, more often subnormal. The convulsion may be local.

Convulsions are more likely to occur in interstitial nephritis than in the desquamative form.

Convulsions of epileptic type may herald the onset of paralytic dementia. Occurring in the later stages they resemble *petit mal*.

Repeated convulsions may occur during an attack of gallstone colic, unless the patient is quickly brought under the influence of hyoscyamine.

In most cases of infantile hemiplegia the onset is threatening, with convulsions and slight fever, Strumpel attributed this to polyencephalitis, Gowers to thrombosis.

Convulsions are not uncommon in lead poisoning, and in adults may direct attention to the possibility of this malady.

In middle-ear disease convulsions, with high fever, delirium, vomiting and retracted head, signify meningitis.

In rheumatism of the cerebral type, convulsions may occur with or without coma and delirium.

Very rarely in true sunstroke convulsions are present, or these may follow the attack with mental disturbance.

Convulsions are very rare in typhoid fever. They may occur at the onset in children, later from toxemia or from cerebral complications.

Jenner showed the close relationship between rickets and infantile convulsions, especially those occurring after the sixth month.

THE TREATMENT OF PAINS OF ACUTE ANTERIOR POLIOMYELITIS.

By TOM A. WILLIAMS, M. B., Edin., Washington, D. C.
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Free Dispensary.

Pain did not used to be considered an important symptom of infantile paralysis; but in the recent epidemics in Europe and America, it has been a prominent feature of many cases. The New York committee reported that it was quite marked in 50 per cent of the cases they analyzed, and that it was sometimes excruciating, and often lasts for weeks.

As meningitis is emphasized in their report as a feature of the morbid invasion, it might be implied that the sole cause of the pain manifested is irritation of the meninges. It is to be regretted that the New York committee was not explicit upon this point; but it may be inferred from their emphatic recommendation of suspension in a warm bath in order to remove the pain, that meningitis cannot be the explanation of certain of the pains at least, for no mechanical measures are capable of allaying the irritation of inflamed meninges.

My observations during this recent epidemic in Washington, have shown me that there are two distinct types of pain resulting from poliomyelitis. The first is that due to meningitis. Of this I have nothing further to say. The second is due to the nutritional and mechanical effects which follow destruction and interference with the neurones which govern the muscles. It finds its analogy in the normal pain and tire which accrue from cramped positions or prolonged exertion. It is due from stretching and sagging of muscles

and joints. It can be experimentally produced very easily in shoulder, elbow and wrist, by holding in the hand a heavy weight while the muscles are relaxed. The atony of the muscles is further produced by this passive stretching while it increases the power.

The best proof that this is the real nature of the majority of cases of prolonged pain after poliomyelitis is the methods in which it can most readily be relieved. These all depend upon the principle of relieving stretching and sagging of muscles, tendons and joints with their fasciae. They are galvanic electricity, suspension and support.

Of these, galvanic electricity is the most efficacious, because it responds to the most insistent physiological need, that for exercise of paralyzed muscles. The passive exercise afforded by massage does not excite the contractile function of the muscle fibres; and when this function is in abeyance, atrophy of the muscle cells occurs. Galvanic electricity is the only means by which it can be prevented when there is degeneration of the motor nerves. No other therapeutic measure excites contractility.

I am aware that many text books and electrotherapists advise the postponement of electricity for two months. This is an error due to misconception of the pathology of the disease from a vague idea that electricity should not be applied in inflammatory states, but there is no inflammation either of muscle or nerve in this disease, they are affected by a degeneration secondary to inflammation which implicates their cells of origin, and which itself is interstitial, the cells being involved only on account of their contiguity to the disease process. The pathology is quite unlike that of multiple neuritis, in which a toxine causes an active inflammation of the nerves themselves, which is of course aggravated by the functional activity excited by electrical currents or other stimuli.

To these rational considerations, I wish to add my experience in the application of galvanic electricity in the first

week of the disease. So far from irritating, as imprecise thinkers would have us believe *a priori*, it has afforded tremendous relief, enabling the patient to pass into a tranquil sleep from a condition in which his most imperative desire is frequent changes of position. After the paralyzed muscles of the limb have been made to contract by galvanism, positions which before were intolerable can be maintained with ease. In this way the prevention of contraction is much facilitated. The reason of this should be obvious enough, for contractures not due to weight of the parts are caused by the overcoming of a paralyzed muscle group by the tonicity of its antagonists.

Suspension in water also acts by relieving the torsions, stretchings and involuntary tightenings, which are the accompaniments of even the best devised supports in the most comfortable bed. Indeed, the excess of these tensions have been invoked by some observers as a factor in neurasthenic states, and much benefit has accrued to some patients through the adoption of a method of intentional relaxation during repose. But in no way can this be attained so completely as by the even pressure exerted by a surrounding fluid medium. So that, as it is not often expedient to galvanize the muscles more than once a day, the value of suspension in a warm bath is not exaggerated in the report of the New York committee.

The third means of relief of abnormal tensions of muscle and fibrous tissue is the suspension or support of the trunk and limbs in slings and cradles or by pads, immobilizing apparatus, and tilting of the bed. I need say no more about these measures of nursing technique.

Vibrating, massage, passive movements and hydrotherapy, of course, maintain a place in the treatment as aids to nutrition and as imperfect substitutes for exercise and its substitute galvanism, but these measures are subsidiary only.

Remembering that degeneration commences within

three days and is decided by the tenth day, and knowing that regeneration is a matter of months, the physician will be prepared for more and more recovery of voluntary movement for a prolonged period. But observers are agreed that the earliest possible utilization of each recovering or unimpaired muscle bundle is of great advantage. To this end it is most important to encourage the patient to make efforts. In young children, muscular control is poorly developed, and a determination to overcome difficulties has not become a character. Hence, it is very often the case that when only a few muscle bundles of one group are spared, the child will cease to innervate that from which he receives no result. To overcome this tendency, the child's limb must be placed in the best position to manifest a movement visible to himself. The best of all situations is suspension in water, and this re-educational measure is the second advantage of systematical use of the warm bath.

But there is another factor in this re-education. A child will soon cease to engage himself in what he conceives to be an imposed task, but if it is made interesting for him, it will become a game; and he himself will persevere in it without an irksome supervision or what is even worse a compulsory exaction of a task which would render the whole matter distasteful. Hence, all kinds of games must be devised and taught to the child; and these should be conformed to the needs imposed by the distribution of the paralysis.

Psychological considerations are of great importance also in the after care of a patient who remains paralyzed. A tendency to reticence and diffidence may have to be counteracted by providing active interests demanding social adjustments, the opportunity for which is apt to be curtailed in the case of a disabled child. On the other hand, selfishness and the desire for unreasonable exactions may have to be overcome. Contact with the social environment must be fostered in every possible way. A small country town

affords the best opportunity for these cases. The stagnating tendency which sometimes rules these may be neutralized by stories of men who have overcome physical infirmities; for after all the range of opportunity for a cripple in good health is not so limited as may appear at first sight. Of course, when a sedentary life has to be led every possible means must be used to obtain physical exercise and to avoid the cramped attitudes which favor poor oxidation and tuberculosis.

Selected Articles.

RANGE OF USEFULNESS OF COLLARGOLUM.

BY I. L. VAN ZANDT, M.D.

FORT WORTH, TEXAS.

At the Twelfth International Congress, August 5, 1897, Professor Crede reported, that after overcoming many difficulties, he had succeeded in obtaining a metallic silver preparation, which was permanently soluble both in water and in albuminous fluids, which he then used in 15 per cent ointment, which when rubbed into the skin for fifteen to thirty minutes was taken up by the lymphatics, dissolved, and circulated to all parts of the body.

In sterile lymph and blood, the agent was said to remain in the condition of metallic silver, but in the presence of pathogenic germs or toxins, to enter into some as yet unknown combination and acted either as a bactericide or as an antitoxic agent. He and physicians associated with him then treated over 100 of the most varied septic cases.

After some detailed mention of these, he expressed the opinion that "the preparation is a remedy of the very greatest importance, being capable of disinfecting the entire body;" affirming it had "never failed him in septic cases."

In the spring of '99 while meningitis was prevailing in

Ft. Worth, I saw an article by Dr. G. Schirmer of Chicago, reporting recovery in several cases of this disease under the use of Ung. Crede. I at once sent for an ounce of this ointment, but had no occasion to use it for this disease. One case, however, was treated with it at my suggestion and made a good recovery, the young lady having since done several years of good school work. I have seen abstracts from as many as fifteen or twenty articles recommending this remedy for meningitis.

When this ounce of ointment was received I had on hand a typical case of septicaemia, from middle ear infection, with chills, high fevers, and deluging perspirations, following each other at short intervals. The mother of the patient told me that she changed his gowns half a dozen or more times a day, on account of the perspiration.

Forty-five grains was rubbed into his back daily. In twenty-four hours improvement was perceptible, in forty-eight, it was well marked, in seventy-two all other medicine was suspended, and in one week he was well.

During this year I have treated another somewhat similar case. This young man was being treated by an aurist, when he developed a high fever, 104 deg. with stupor. There was no tenderness around the ear or over the mastoid. This fever passed off gradually, and then he began to have at irregular intervals chills, high fevers and sweats. These, never so frequent as in the former case, became less frequent ceasing entirely in a little more than a week, the local trouble giving no further annoyance. This case was treated with the collargolum in solution by enema.

Recurring to my early experience I recall the following case:

Lulu G., scarlatina. She was suffering intensely with inflamed glands under the angles of the jaws, the swelling being very great. I gave her mother some ointment to rub into the back. In a few minutes she said: "Look doctor, it is going in like penetrating oil." The next day I found the

swelling much reduced and pain all gone. The results in this and other cases of like character have led me to adopt collargolum as a primary medication in all cases of scarlatina. Since doing so, I have had no complicated case save one, a babe about nine months old, who was delicate and already had a running ear. Most cases have run mild and short courses.

Many cases of tonsilitis have yielded to one to three injections by the bowels.

Inflammation of wounds has generally yielded promptly.

Mr. W., about three weeks before had stepped through a hole in a plank walk and skinned his leg. This became septic, and, when I saw it, was swollen from foot to knee; the limb was very red and painful, the wounds, for there were several, were covered with pultaceous sloughs. The inflamed part was washed with an antiseptic and then smeared with ointment, particular care being given to the open wounds; lightly covered with a layer of gauze, then with gutta percha tissue, then with cotton, the whole being held in place by a snug cotton bandage. The next day all pain was gone, only a slight sense of fullness when standing. The dressing remained on about forty hours, by which time all inflammation was gone.

Infections of foot or hand with red streaks running up leg or arm, generally yield promptly when the wound is cleared of dead skin, and the ointment applied on and around the wound.

I have treated two cases of crural phlebitis.

Mrs. H., at the beginning of convalescence from a protracted broncho-pneumonia, was attacked with a left crural phlebitis. None of the ointment being available at the time, the limb was bathed in camphorated oil, wrapped in cotton, bandaged to hip, and elevated on pillows, pain preventing any movement without assistance. After several days ointment was received, and according to directions one dram daily was rubbed into the other thigh. In about

forty-four hours from the first rubbing, I was surprised on calling, to see her turn on her side and flex both knee and hip. She made a rapid recovery from the phlebitis, and a fracture of both bones of the same leg occurring a few months later, no perceptible lameness resulting from either or both of the troubles.

The other developed in Mrs. B. a few days after confinement. After prescribing the ointment to be rubbed into the back, I was called out of town for three or four days to find on return that on account of losing the directions the attendant had attempted to rub it into the lame member, but could not on account of the soreness. Prompt improvement occurred, however, on proper administration, and the patient was soon up. I saw one other case in consultation, which was very severe and slow in recovering.

With the ointment alone I have treated many cases of erysipelas with prompt and rapid healing of the lesion. In two cases I got no satisfactory results. In these I think the skin failed to absorb the ointment. Not till May, 1906, did I use collargolum internally in this disease. In this case a rapidly advancing facial erysipelas was brought to a halt and practically cured in twelve hours by the administration of two ten grain doses by enema about nine hours apart.

I quote report of case treated by the medicine given intravenously.

Woman, aged 50, rapidly progressing erysipelas of the face and head. The general symptoms were very severe, temperature 105.8 deg., delirium, etc. On the forenoon of the second day of the disease administered an intravenous injection of two per cent collargolum. In the afternoon the woman seemed transformed; the sensorium was free, temperature 100.4 deg., and the spread of the process had ceased. On the following day there was not even a trace of fever; the severe infection had been checked and the woman was cured.

One case of acute salpingitis was cured in a few days by

the inunction twice daily of the ointment into the thigh of the same side. The call for an anodyne ceased within the first twenty-four hours, the fever in a little longer, but the swelling was perceptible for some days. Exacerbations of several chronic cases yielded quickly.

Since October, 1904, all of my cases of typhoid fever save three have been treated with collargolum. In these the stomach rejected the medicine. In one other case where it was rejected, I gave ten grains once daily by enema. One other case was treated by enema through choice.

The average duration of these cases was very short. Among them I have not had a death or a hemorrhage. Generally within three or four days the bad odor of breath and feces is gone. There is no dry tongue. There comes over the patient a sense of well being and such an appetite that the adult patient is generally ready to take any kind of food I may direct. It is not unusual, however, to find a child with a temperature of 100 to 103 deg. crying for some special food.

In mixed infections of the lungs it has the endorsement of Stachowski of Austria, Netter of Paris, France, Bjorkman of Milwaukee and Solis Cohen of Philadelphia.

Stachowski reports a case of consumption apparently moribund, weighing in April 114 1-2 pounds; in May 119, August 128. October conditions satisfactory. In November got a "wetting and bad cold" and died in January.

Then after speaking of its irregular effects (some good, some negative) in pneumonia, he says: "It seems probable that in lung inflammation in which the ordinary pus organisms are active the silver is more effective than in the pure diplococcus pneumonia. It is appropriate in all the acute infectious processes, where ordinary pus cocci are the chief agents; and it should always be administered in advance tuberculosis process, where it will do the patient more good than any other remedy."

Professor Netter, of Paris, says: "In a certain number of tuberculosis patients collargolum administered to the ex-

clusion of all else appeared useful. Case with cavities seemed especially benefited, and in several of them there was a rapid diminution of the expectoration."

G. Bjorkman, A.M., M. D., professor of physiology, Milwaukee Medical College, says regarding the treatment of broncho-pneumonia: "The bacterial trio—the streptococcus staphylococcus and pneumococcus—is the main cause of broncho-pneumonia. Fortunately, we have a remedy with very active offensive properties to all three of them, especially the streptococcus, which de facto is the sole instigator of the most severe type of broncho-pneumonia. This remedy is colloidal silver in solution, by intravenous or rectal injection. It is remarkable to note the speedy descent of the fever curve."

"With a morning and night dose, given per rectum, in combination with hydrotherapy, broncho-pneumonia sometimes loses its foothold at once and yields with a willingness comparable only to diphtheria under antitoxin treatment."

Many times it has served me well as an adjunct in pneumonias, sometimes showing its effects in a marked degree.

September 22 last I saw Mr. C., who, while being treated by a throat specialist, had developed a fever and some rales in the posterior part of the right lung. Tuberculosis was suspected and his scant sputum examined. No T. B. found.

I gave him creosote carbonate, but got no results except an increase of the expectoration. His temperature reached 102 deg. or more. I found he was having marked chills at irregular intervals. I at once put him on silver by enema but from bad management, I am satisfied we had no absorption for two or three days. When the error was corrected results came quickly. The chills ceased and the fever gradually left him so that I dismissed him on October 8, not having visited him for three days before.

December 31, 1906. S. S. Negro man sick about ten days with pneumonia, having been treated for five or six days with creosote carbonate, was given ten grains of silver by

the bowel in the afternoon and daily thereafter. That night following the first dose, he slept well, though he had needed anodynes and soporifics before, and the next morning, though his fever was slightly higher, was feeling, as he said, "good." His appetite came, and his fever gradually went off in the next four or five days. The silver was suspended and it came back gradually. The silver was resumed, this time by the mouth.

The fever was slow in yielding, but the appetite kept up except for a day or two when the silver was suspended, to be revived almost by the first dose after its resumption. Now this appetite and its results were wonderful. He ate like a laboring man, and I am sure gained 10 or 15 pounds in weight, while still in bed.

But for lack of time I would report a chronic case mistaken for tubercular consumption in the last stage, the fever falling while silver being used, and rising gradually when it was omitted.

In some cases of arthritis I have had marked results; in others little or none. I think acute cases furnish best results.

In March, 1905, I had a case of endocarditis, developing in articular rheumatism. Ung. Crede was used to some extent, with marked benefit. His recovery was slow; I did not have the faith then that I do now, or I should have used it more vigorously, and I think got more prompt results.

Illustrating its intravenous use I copy from Dr. Herman Schmidt, of Dresden:

(1) Laborer, 20 years old, extremely severe attack, involving all large joints, endocarditis, pneumonia, and pleurisy on right side below, treated two days with usual remedies; condition progressively worse. July 1, intravenous injection of one grain of collargolum, as condition was regarded as hopeless. Temperature, morning, 102.9 deg., pulse 140. Four hours later beginning of improvement. Temperature, afternoon, 99.5 deg., pulse 100, quieter, tendency to sleep, appetite. Improvement continued on 2d; on 3d

worse again. Second injection. Thereafter permanent improvement.

(2) Female, 27 years. February 10 had febrile angina. March 7, several large joints affected, endocarditis, very bad general condition. Temperature, morning, 100.9 deg, pulse 140. Afternoon, temperature 104 deg., pulse 170. Usual treatment. March 13, condition hopeless; collargolum injected; a few hours thereafter improvement in all symptoms for thirty-six hours. On second and fourth days collargolum injections again; good and rapid convalescence followed. Well a year later.

Several writers report cures of anthrax. My friend, Dr. Cuvier Lipscomb, of Denton, Texas, tells me that he cured one case, using the knife as necessary and dressing with the ointment.

In puerperal cases where there has been an unusual amount of manipulation as forceps or abortion I am in the habit of using the silver for a few days as a preventive of sepsis. I recall but one case of high fever in a puerperal case since I became a believer in silver. In this after inunction of Ug. Crede, the fever went almost as rapidly as it came.

Dr. Paul Bong, of Cologne, Germany, reports the following case:

Primipara, forceps delivery on March 24th. On 26th headache. Pulse 100, temperature 100.4 deg; 27, morning, pulse 140, temperature 102.4 deg. March 28th, morning, pulse 136, temperature 105.1 deg. Abdomen began to swell, vomiting began, denoting marked change for the worse; 29th, condition unchanged, now vomited every thing save iced champagne; 1.30 p. m. pulse 148, temperature 105.1 deg.; two and one-half drams 1 per cent solution, intravenously; 5 p. m., pulse 160, temperature 105.3 deg. Death expected during the night. Patient slept almost all night; 30th, morning, pulse 104, temperature 97.9 deg. Thereafter temperature did not rise over 98.6 deg.

Though I had had Ug. Crede rubbed into the right

thigh and groin in addition to other treatment for appendicitis, it was not till I read a paper of Dr. Paul Moosebruggar, of Leutkirk, Germany, that I began the internal use of silver in this disease. Dr. Moosebruggar reports "75 or 80 cases with two deaths, and no relapses within a year, and only two later." In both fatal cases, he says general peritonitis had developed before he was called. He makes a good prognosis in all cases which have not progressed to a general peritonitis. He urges patience and perseverance, saying that we may be able by means of collargolum, to see the absorptive peritoneum dispose of the pus and possibly of a gangrenous piece of the appendix.

He has more faith in the remedy than I have, and yet my own experience is, I think, worth reporting.

Since I began the work in May, 1906, I have had two pus cases operated on during the attack. Besides these I have treated not less than twenty cases.

The other acute cases have generally shown a sharp improvement inside of 24 hours, and have all gone on to a good and seemingly permanent recovery, as, so far, I have not known one to relapse.

Besides the acute cases I am able to report four chronic cases, seemingly cured. One of three years standing has not had a pain since June, 1906, and has grown from a pale sickly boy to a vigorous red cheeked healthy young man. Another of ten years has not had any pain for some months and has gained about 30 pounds in weight. A third had been a sufferer for a long time. He was a constant sufferer. He was seemingly cured, but in a few months later wrote me he had had a slight attack, and wished more medicine. Since then I hear he is thoroughly well.

Of the fourth case I have only heard that she did not now complain. She was treated more than a year ago.

One lady lost her appendiceal (?) pain while being treated for typhoid fever.

And yet I feel that a man is safer without an appendix.

There are cases, however, who will not be cut, or who cannot afford the luxury. For such I commend this remedy.

Of a remedy for which such claims are made, a natural inquiry would be, is it safe? I have used it without stint, and yet have seen no harm.

To determine if it could exert a detrimental effect, Dr. Moosebruggar had seven ounces of Unguentum Crede rubbed into his skin and took seven ounces of a solution containing one dram, in tablespoonful doses (about 4 1-4 gr. to dose) every two hours.

No untoward effect occurred excepting diarrhoeal evacuations with a little tenesmus. These ceased on the suspension of the medicine.

ADMINISTRATION.

Inunction. For five years, for the constitutional effect I relied on rubbing in the ointment, and this I still consider the most satisfactory way of giving it to small children. When the skin is hot and dry it is taken up very rapidly.

Enema. First wash out bowel and after it has become quiet, inject ten grains dissolved in 4 ounces of warm water once or twice daily. If necessary an opiate may be used to counteract irritability of bowel.

By mouth. This, to my mind, requires much greater care than the other methods, because of the sensitiveness of collargolum to the influence of acids. It has been my aim to devise a method by which the silver is carried through the stomach into the alkaline intestine, without acid contamination, also to avoid such contamination before being taken.

I write:

“R. Collargolum, grains 30 to 50.

Sodii Bicarb., grains 2.

Aquae Dist., ounces 2.

M. Sig. Tea or desertspoonful on an empty stomach
3 times a day followed by a glass of alkaline water.”

Where only liquid diet (not sweet milk) is being taken I say, "no food for two hours before or one hour after medicine."

Collargolum may also be taken in capsules. In which case it is best to take a small drink of water at the time of taking and a large one about fifteen minutes later, when the capsule has had time to dissolve.

In appendicitis, all food is forbidden for one, two or more days. One to two grains of Collargolum, in solution, is given every two hours. Water may be taken freely, a small quantity at a time.

I generally give an anodyne of Codiea Atropia, dioscovein and phenacetin, generally not more than two or three doses of this is necessary.

NOTE.—Since this paper was prepared I have had the misfortune to lose a son, who had both hemorrhage and perforation. His was a most violent attack. He had, after two or three days of "grippy" feeling, a chill followed by a rise of temperature 105, later 106 deg. This led to a tentative diagnosis of pneumonia. But this failing to declare itself, a blood count was made, which pointed to typhoid fever which was later confirmed by the "Widal" test. Collargolum was then begun. Symptoms became very much milder, when two weeks from initial symptoms ten days from rigor, he had hemorrhage. All medicine was suspended save calcium lactate and small doses of morphine and atropine. Bowels moved in about sixty hours. Thirty-six hours later temperature was 99 to 101 deg.—patient feeling well. Here the temperature began, without apparent reason, to rise, till in 3 or 4 days it was again having a range of 103 to 105.5 deg. Eight days after lowest temperature when very much exhausted, perforation occurred, and death about eight hours later. All through the sickness when fever was high he had severe rigors, several times continuing for hours till relieved by hypodermics of morphia and atropia. An ulcer of the soft palate developed. Blood cul-

ture showed typhoid and la grippe infection. I firmly believe that the fever would not have reasserted itself had not the collargolum been suspended.—*Texas Courier-Record of Medicine.*

Records, Recollections and Reminiscences.

ANNUAL MEETING OF THE ASSOCIATION OF MEDICAL OFFICERS OF THE ARMY AND NAVY OF THE CONFEDERACY.

As is widely known this Association has for many years held its annual meetings at the same time and place, and in a sense, in connection with the annual Re-union of the United Confederate Veterans. This year both bodies will convene in Little Rock, Ark., May 16th, prox. and continue during the two succeeding days. This will be the first meeting of either Association in this militant State.

An earnest effort is being made to secure as large attendance as possible, especially for the Medical organization, though the suggestive fact must be apparent to every one, that the men who composed the Medical and Surgical Staff of the Army of the South fifty years ago, who still survive, must of necessity be, far advanced in years at the present day, and for obvious reasons considerably older than the average fighting soldiers of the rank and file. Still many of us yet remain, and the hope of those interested is, that we make an effort to be present in Little Rock in as full force as possible.

About the first of April next, the Secretary of the Association will transmit to the members his usual annual Circular Letter, setting forth, in addition to the objects and purposes of the body, certain specific details that are yet to be developed, and which are highly important. Several items of special and important business will be considered at the approaching meeting, matters that may involve the further success of the Association itself. Hence, the importance of, and urgent need for, full co-operation.

Editorial.

THE AMERICAN MEDICO-POLITICAL REFORM LEAGUE.

The exigencies of and the urgent necessity for a reform movement in the American Medical Association and its constituent societies demand an organization for the purpose of systematically conducting a crusade against the existing political evils in these bodies. The American Medico-Political Reform League, operating under a charter from the State of Illinois, has been organized to meet this demand, and has been incorporated for the purpose of conserving the principles of democracy, fair play, free speech, equal rights and membership government in the medical societies of the United States by attaining the following specific objects:

1. Adoption of the general ballot and referendum in the American Medical Association and its constituent bodies;

2. Provision for the automatic acquirement of membership in the A. M. A. by members of the district societies, thus abolishing non-membership A. M. A. voting in said district societies, or,

3. Legal elections which shall abolish the voting of non-members of the A. M. A. for delegates to State Societies;

4. Membership transfer cards for members of the A. M. A. who may change their locations;

5. Amendment of the By-Laws of the A. M. A. so as to prevent multiple officeholding, thus providing for the separation of the offices of Secretary, Editor and General Manager;

6. Election of delegates to the State Societies and the A. M. A. by general ballot in the district societies, the representation being proportioned to the numerical strength of the district societies;

7. Election of Councillors to State Societies by general ballot of councilor districts;

8. Abolition of voting power in Houses of Delegates of Councillors of State Societies, thus following the precedent set by the A. M. A. in the case of its Trustees;

9. An open forum for discussion of medical society policies and methods in the State and National Journals;

10. Non-partisan administration of State and National journals;

11. Encouragement of all logical and practical measures against abuses of Medical Charities;

12. Encouragement of all logical and practical measures to elevate the standard of Medical Education.

The following officers have been elected: President, Dr. James E.

Stubbs; Vice-President, Dr. Oliver Tydings; Secretary, Dr. Lewis W. Bremerman; and Treasurer, Dr. A. Ralph Johnstone.

Any members of the regular medical profession having an interest in the above broad, liberal and very correct principles are respectfully requested to communicate by letter or postal card with the Secretary, Dr. Lewis W. Bremerman, 72 Madison Street, Chicago, Ill.

The following motto of the League should in itself commend the organization to all who have seen quite enough of, and have been disgusted with, the misrule and mismanagement that has been for the past ten years dominating the National Association:

"Politics to serve principles only.

"Office as a means to serve principles only.

"Equal rights, no special privileges, no monopoly."

LOW DEATH RATE CONTINUES IN 1910.

Census Director Durand has received from Dr. Cressy L. Wilbur, chief statistician for vital statistics in the Bureau of the Census, a provisional statement of mortality in the death registration area of the United States for the year 1910. It is estimated that the death rate is but little greater than the phenomenally low rate for 1909.

The Census Bureau receives monthly returns of deaths from registration states and certain cities in nonregistration states, these constituting the death registration area. This area comprises about one-half of the total population of the United States.

While the returns are not all in for the year 1910, under the system of monthly reports which has been carried out by the Census Bureau for some time so large a proportion of the returns has been received that an approximate provisional estimate of the mortality of the registration area can be made, which will be subject to change when the complete data have been received.

The bureau received up to January 10, 1911, transcripts of 611,639 deaths that occurred in the registration area during the year 1910, of which number 518,404 were from the registration states.

The total number of deaths reported for the year 1909 was 732,538, of which 630,057 were from the registration states.

In the annual bulletin for 1909 the death rate for the registration area was presented as based on post-censal estimates derived from the rate of growth according to previous censuses and was found to be 15.0 per 1,000 population. This rate, as stated at that time, was the lowest in the history of the United States. It is now found by means of revised estimates, based on the returns of population since available, that the rate for 1909 was even lower, being 14.4 per 1,000.

If the returns not yet received for 1910 for certain areas prove to

be substantially the same as those for the corresponding months of the previous year, then the total number of deaths that will be reported from the registration area for 1910 will be about 780,000, and for the registration states, 667,000. These numbers correspond to the death rates of 15.0 for the entire registration area and of 14.8 for the registration states, so that the mortality of the entire area, and of the registration states, separately, for 1910 is slightly greater than that for the preceding year, although still a remarkably favorable showing.

Comparison of the provisional death rates per 1,000 of population for 1909 with the death rates per 1,000 of population in 1909, for those states in which about 80 per cent of the deaths for 1910 have already been returned, is as follows:

California, 13.5 in 1910; and 13.4 in 1909. Connecticut, 15.6 in 1910; and 15.0 in 1909. Indiana, 13.4 in 1910; and 12.9 in 1909. Maine, 16.7 in 1910; and 15.6 in 1909. Massachusetts, 16.0 in 1910; and 15.4 in 1909. Michigan, 14.0 in 1910; and 13.1 in 1909. New Hampshire, 16.7 in 1910; and 16.9 in 1909. New Jersey, 15.5 in 1910; and 14.7 in 1909. New York, 16.2 in 1910; and 15.7 in 1909. Pennsylvania, 15.6 in 1910; and 14.7 in 1909. Wisconsin, 11.8 in 1910; and 11.8 in 1909.

The total number of deaths for the District of Columbia (city of Washington) for the year 1910 was 6,513 and the death rate was 19.6 per 1,000 population. The number of deaths for 1909 was 6,216, corresponding to a death rate of 19.0.

In general 1910 was a very favorable year, according to Chief Statistician Wilbur. This statement is the earliest of the kind ever given out by the Census Bureau.

**THE AMERICAN PROCTOLOGIC SOCIETY'S PRIZE FOR THE BEST
ORIGINAL ESSAY ON ANY DISEASE OF THE COLON BY A
GRADUATE OF (NOT A FELLOW OF THE SOCIETY)
OR A SENIOR STUDENT IN ANY MEDICAL
COLLEGE OF THE UNITED STATES
OR CANADA.**

The American Proctologic Society announces through its committee that the cash sum of \$100 will be awarded, as soon as possible in 1911, to the author of the best original essay on any disease of the colon in competition for the above prize.

Essays must be submitted, to the Secretary of the committee, on or before May 10, 1911. The address of the Secretary is given below, to whom all communications should be addressed.

Each essay must be typewritten, designated by a motto or device, and without signature or any other indication of its authorship, and

be accompanied by a separate sealed envelope, having on its outside only the motto or device contained on the essay, and within the name, the motto or device used on the essay, and the address of the author. No envelope will be opened except that which accompanies the successful essay.

The committee will return the unsuccessful essays, if reclaimed by their writers within six months, provided return postage accompanies the application.

The committee reserves the right not to make an award if no essay submitted is considered worthy of the prize.

The competition is open to graduates of medicine(not fellows of the Society) and to members of the senior classes of all colleges in the United States or Canada.

The object of the prize and competition is to stimulate an increased interest in, and knowledge of, Proctology.

The committee shall have full control of awarding the prize and the publication of the prize essay, and it shall be the property of the American Proctologic Society. It may be published in the Transactions of the Society and also as a separate issue if deemed expedient. The committee may increase its membership if deemed advisable.

DR. DWIGHT H. MURRAY, Chairman,
DR. SAMUEL T. EARLE,
DR. JEROME M. LYNCH,
DR. ALOIS B. GRAHAM,
DR. LEWIS H. ADLER, JR., Secretary.
1610 Arch St., Philadelphia, Pa.

Sodium Cacodylate in Syphilis.—Few articles appearing in the medical press in recent months have attracted more attention and comment than that by Dr. John B. Murphy, of Chicago, published in the Journal of the American Medical Association of September 24, 1910, in which the writer detailed the striking results obtained by him through the hypodermic administration of Sodium Cacodylate in the treatment of syphilis. Physicians who have not seen the article in question will be interested in the following abstract, as published in Therapeutic Notes:

"Administered in doses one-half to two grains hypodermically, its action was prompt and efficacious. Chancres became clean ulcers without induration in forty-eight hours; mucous patches cleared up in twenty-four to forty-eight hours; ulcers of the palate and pharynx healed in three to six days. In a child nine months old one-quarter grain injected into the pectoral muscle caused a papillary syphilide to disappear in forty-eight hours. Two 2-grain doses, twenty-four hours

apart, completely relieved the pain of a patient who suffered from active gastric crises (luetie) which usually lasted three weeks. An advancing perforating ulcer of the palate, which had resisted injections of one-quarter grain of mercuric bichloride daily, promptly yielded to Sodium Cacodylate, two injections of three-quarter grain each. The ulcer was healed in six days.

"Dr. Murphy suggests the Sodium Cacodylate be employed in primary doses of 2 to 4 grains, depending on the size and strength of the patient, and not repeated within three or four days unless there are special indications for it."

Sodium Cacodylate, in sterile solution, is marketed by Parke, Davis & Co. in sealed glass ampoules containing 3-4 grain and 3 grains, respectively, of the arsenic salt. In this connection it is proper to emphasize the importance of specifying a preparation that is known to be pure. Parke, Davis & Co. lay especial stress upon the purity of their product.

THE MICROBES' SERENADE.

(Read by George Ade, at the New Theater, New York, on December 21, 1910.)

A lovelorn microbe met by chance,
At a swager bacterioid dance,
A proud bacillian belle, and she
Was first of the animalculae,
Or organism saccharine.
She was the protoplasmic queen,
The microscopical pride and pet
Of the biological smartest set,
And so the infinitesimal swain
Evolved a pleading low refrain:

"Oh, lovely metamorphic germ
What futile scientific term
Can well describe your many charms?
Come to these embryonic arms,
Then hie away to my cellular home,
And be my little diatom!"
His epithelium burned with love,
He swore by molecules above
She'd be his own gregarious mate,
Or else he would disintegrate.

This amorous mite of a parasite
Pursued the germ both day and night
And 'neath her window often played
This Darwin-Huxley serenade—
He'd warble to her every day
This rhizopodical roundelay:
"Oh, most primordial type of spore,
I never met your like before,
And though a microbe has no heart,
From you, sweet germ, I'll never part.
We'll sit beneath some fungus growth
Till dissolution claims us both."

Danger Due To Substitution.—Hardly another of all the preparations in existence offers a wider scope to imposition under the plea of "just as good" than the scientifically standardized Eucalyptol. The most recent fraud practiced in regard to this product is an attempt to profit by the renown of the firm of Sander & Sons. In order to foist upon the unwary a crude oil, that had proven injurious upon application, the firm name of Sander & Sons is illicitly appropriated, the make-up of their goods imitated, and finally the medical reports commenting on the merits of their excellent preparation are made use of to give the desired lustre to the intended deceit. This fraud, which was exposed at an action tried before the Supreme Court of Victoria, at Melbourne, and others reported before in the medical literature, show that every physician should see that his patient gets exactly what he prescribes. No "Just as Good" allowed.

A Safe and Efficient Anodyne.—It is not surprising that Passiflora (Daniel's Concentrated Tincture) is rapidly taking the place, in the practices of thousands of physicians, of opium and its derivatives, for it possesses the same soothing qualities of the latter and is free from its danger.

To the man unacquainted with the soporific and anodyne properties of Passiflora Incarnata (Daniel's Concentrated Tincture), its advantages will prove a revelation. It is free from the dangers of opium and does not enslave the patient in a habit from which escape is well nigh impossible. It does not lock up the secretions, and it may be given over long periods of time with every assurance that it will meet the claims made for it. Not alone is Passiflora an efficient substitute for opium, but also for chloral, the bromides and the coal-tar products.

A sample of Daniel's Passiflora may be had by addressing the Laboratory of John B. Daniel, Atlanta, Ga.

DOCTOR, LOOK YOU—

Upon This Picture:

A poisonous agent should not be used for antiseptic douches and dressings.

According to a report of the Council on Pharmacy and Chemistry of the American Medical Association, a 1 to 5,000 solution of bichloride of mercury does not kill the staphylococcus pyogenes aureus in five minutes contact. That is, it is not germicidal in that strength in that length of time, yet it is highly poisonous to the individual, if kept in contact with an absorbing surface for that length of time.

"Bichloride of mercury even in this dilute lotion (1-10000) has, when used, in the peritoneal cavity, given rise to toxic symptoms." Hare's Therapeutics.

Koch states that where albumen is present, bichloride is decomposed and rendered inert.

A liberal supply is furnished doctors free, upon request. J. S. Tyree, Chemist, Washington, D. C.

And Then Upon This:

Containing, as it does, those agents which are antiseptic in action, as well as inflammation allaying, and repair inducing, Tyree's Antiseptic Powder is indubitably the most effective preparation thus far evolved for employment in the treatment of either acute or chronic inflammation of the mucous surfaces, or other soft structures. It is especially efficacious in leucorrhea, gonorrhoea, vaginitis, pruritus, and chronic catarrhal affections of the female genital tract.

Dr. Jacob Geiger, Professor of Surgery, at the Ensworth Medical College, St. Joseph, Mo., in speaking of Tyree's Antiseptic Powder, says that it has been used in the above hospital with very satisfactory results. He considers it a good dressing powder, non-irritating in its effects.

Dr. T. E. Potter, Secretary of the Ensworth Medical College, St. Joseph, Mo., says that it has been used at St. Joseph's Hospital, St. Joseph, Mo., with very satisfactory results.

Constantly Favorable Results.—Dr. John Arthur Diggle, Med. Ref. Globe Accident Assur. Soc. of London, Eng., in writing of antikamnia tablets, says: "I may state at the outset that they satisfied me well and the constantly recurring favorable reports prove the results which have followed. They seem to be absolutely safe in exhibiting and to have no effect whatever on the healthy human organism. Such a safe

analgesic and antipyretic is a perfect god-send in these days of "nerves" and all the resultant neuralgias developed under our civilization. In the cases in which I have used antikamnia tablets I have never noticed any ill effects. As an analgesic, in my experience, the sooner the remedy is administered after the onset of pain, the quicker the relief, and the smaller the amount of the drug required; this would follow almost of course, but I think the oftener the dose is repeated in judiciously small doses, the better the result, as compared with larger doses less frequently given. Given in such doses, and at such intervals, I have found antikamnia tablets most useful in neuralgic cases and acute rheumatic attacks, and in sudden nervous attacks of severe pain. In case of paraplegia, in which the suffering from pain in the paralyzed limbs was agonizing, and had only yielded before, to gradually increasing doses of morphine hypodermically, their effect was, and continued to be, good. In a case of typhlitis both the analgesic and antipyretic properties were signally shown. In some cases of dysmenorrhoea one or two tablets relieved the pain, and the after use of caulocorea for a while, prevented its return. The rapidity with which they acted in some cases of migraine, seemed simply marvelous."

The New Local Anesthetic in Ampoule Form.—In consideration of the growing demand for quinine and urea hydrochloride for local anesthesia, Parke, Davis & Co. are now marketing this valuable combination in convenient ampoule form, and the physician can procure it in one per cent solution, absolutely sterile and ready for use. The ampoules contain 5 cc. of the solution each and are supplied to the trade in boxes of six.

Quinine and Urea Hydrochloride is being used in a great variety of operative procedures with pronounced success. As a local anesthetic it is held by many physicians to be superior to cocaine, a contention which would seem to have warrant in view of the fact that the preparation is not toxic even in large doses, that it tends to restrain or prevent hemorrhage, and that the anesthesia produced by it is persistent. The latter point is worthy of especial emphasis. The anesthetic effect lasts for hours, sometimes for days, an important factor in connection with rectal and other operations that may be classed as painful.

Calcidin is "Iodine At Its Best."—Wherever this element is indicated no better—no surer—no safer form of it can be administered.

Calcidin is an ample substitute for the ordinary tincture (an exceedingly variable article as found in the stores) and the inorganic iodides.

Calcidin is more readily and completely absorbed, delivering in fullest measure the desirable iodine effect.

Calcidin is better tolerated than other iodine-containing agents and, therefore, best suited for prolonged administration.

Calcidin may safely be pushed to effect when, in an emergency, quick results are demanded.

Doctor, try it in your next case calling for iodine—in croup, bronchitis, chronic catarrh, enlarged glands or syphilis.

Calcidin is also known as "calx iodata" and "iodized calcium."

Be sure to specify "Abbott's" when prescribing and ordering. Like other good things it has imitations.

Considered With Reference to the sources from which it is derived, its constituents and the form and "ratio" in which they are presented, Panopepton appeals to the chemist and dietician as a food for the sick of special and peculiar value.

But however convincing the chemical data concerning such a food, it remains for the physician to make the final and supreme test in the sick room. Here it is found that Panopepton is retained when all other forms of food are rejected; that it revives and maintains animation at critical times; is of signal service as a conserver of energy and a stimulus to restoration, doubtless due to its immediate availability for nutrition and the fact that it is so abundantly a source of those diffusible nitrogenous bodies, the so-called "chemical messengers," which act as excitants of the digestive secretions.

In fact, Panopepton meets to an exceptional, even an exceeding degree, both the scientific chemical and scientific clinical requirement of a food for the sick.

Sal Hepatica is especially valuable when there is torpidity of the bowels or intestinal sluggishness arising from organic derangement of the liver, kidneys or central organ of circulation. It is the best agent for the relief of that form of costiveness that is ushered in by an attack of colic and indigestion, and not only clears away the effete and irritating agents lodged in the alimentary tube but eliminates the semi-inspissated bile that, too frequently, induces the so-called "bilious" condition; at the same time an abundant secretion of normal bile is assured, thereby demonstrating its value as a liver stimulant and true cholagogue. Write to Bristol-Myers Co., 277-281 Greene Avenue, Brooklyn-New York, for a sample.

Campho-Phenique.—As an antiseptic, as also an anaesthetic, Campho-Phenique, for the past twenty-five years, has fully demon-

strated its superiority. As a dry dressing for ulcers, wounds, skin diseases, etc., it has no equal, and is universally both recommended and used by America's most prominent surgeons and physicians. As a general surgical antiseptic, it not only inhibits but destroys bacterial growth. Campho-Phenique should be a permanent fixture to all medicine cases.

Any inquiry for a sample, addressed to the Campho-Phenique Co., St. Louis, Mo., will receive immediate and courteous consideration.

To Guard Against the Inroads of Disease.—An excellent way to guard against the inroads of disease is to feed to the tissues nutritious elements which, when incorporated within them add greatly to their powers of resistance. For generations cod liver oil and the hypophosphites have been considered as leading "tissue-makers" and as combined in Cord. Ext. Ol. Morrhuae Comp. (Hagee), they have grown into still greater favor. Cordial of the Extract of Cod Liver Oil Compound (Hagee) charges the tissues with the very elements needed to resist disease processes and for this reason it has held the profession's favor these many years.

Nagging Little Coughs.—Pruni-Heroin (Wytttenbach) is a pleasingly effective sedative to irritated laryngeal and pharyngeal mucous membranes. The nagging little coughs resulting from this low grade of inflammation demands relief and no better means than Pruni-Heroin (Wytttenbach) is at the physician's command. Its formula has been carefully chosen, each incorporated agent having marked predilection for the mucous membranes of the air passages.

Notwithstanding the large number of Hypophosphites on the market, it is quite difficult to obtain a uniform and reliable syrup. "Robinson's" is a highly elegant preparation, and possesses an advantage over some others, in that it holds the various salts, including iron, quinine, and strychnine, etc., in perfect solution, and is not liable to the formation of fungous growths.

Unguentine should be the first thought in Burns. The test of time proves its merit as the dressing for surgical cases, scalds, wounds, ulcers, bed-sores, pruritus, and all inflammatory surface lesions.

Sanmetto is a vitalizing tonic for the reproductive system, and is a scientific blending of true santal and saw palmetto with soothing demulcents in a pleasant aromatic vehicle.

A Delightful Laxative is Prunoids; also, it will be found to be an ideal purgative, without cathartic iniquities. It is a real advance in the therapy of intestinal constipation.

Anasarcin causes reabsorption of effused serum, thus overcoming and relieving Ascites and Anasarca.

Selections.

REPORT OF WORK DONE ON THE VERUMONTANUM.—Before going into the subject which my paper covers, I think a review of the anatomy and physiology of the verumontanum might be well. The verumontanum is a small body about the size of a grain of wheat situated upon the floor of the prostatic urethra about one-fourth of an inch anterior from the vesical orifice. It is composed of erectile tissue and covered by mucous membrane. In the center is a blind pouch about an eighth of an inch deep called the sinus pocularis. This body is supposed to be the analogue of the uterus in the female.

Its function so far is thought to be a kind of back stop, so to speak, to prohibit the flow of semen back into the bladder. The ejaculatory ducts open into the urethra at the base of the verumontanum in front; the prostatic ducts in a depression on either side.

About six months ago my attention was called to a class of conditions which was relieved by treatment of this body; so, since then, when the opportunity presented itself I have had the satisfaction of relieving some patients of some very annoying conditions. I have never seen anything in text-books or literature along this line, so the treatment and the technique had to be worked out.

Upon endoscopic examination of this body you can see it very readily protruding from the floor of the urethra. In the normal subject the mucous membrane covering the verumontanum is like the rest of the urethra except slightly in-

jected and very vascular. In the class of subjects to which I will refer, the appearance of the body in a state of inflammation, is somewhat larger, protruding, bleeds very readily and is very sensitive.

The symptoms complained of are frequency of urination, pain and burning in the deep urethra, the pain sometimes being referred to the glans penis, down the thigh, scrotum, buttock or in the groin; frequent nocturnal emissions; spermatorrhea and premature ejaculations, the slightest provocation producing an erection and flow of seminal fluid, and the form of neurosis usually referred to as sexual neurasthenia.

Patients complaining of this trouble usually have their complaint put under the head of prostatitis, and I used to accept this as a fact, but by giving the treatment for this condition the patient would invariably not be relieved. You will usually get a history of the individual having masturbated freely, or had a prolonged case of gonorrhea.

The logic of the idea that masturbation is the cause, in many instances, is very feasible, for the reason of the body being composed of erectile tissue, sexual excitement would cause a congestion which, when frequently and continuously indulged in, would become chronic. This state of chronic inflammation may also be caused from the result of a urethritis.

The treatment which I have carried out is either to inject into the sinus pocularis with a long-shaft syringe, a solution of 10 per cent silver nitrate, or cauterize the surface with a 15 per cent solution with cotton on an applicator. The pain from either of these treatments is rather disagreeable for two or three hours, and the symptoms complained of will be exaggerated for two or three days, but after the effects of the cauterization begin to clear up, so do the symptoms.

The most gratifying results have been in patients classed under the head of sexual neurasthenics. In a few instances a second treatment has been necessary, though it should not

be repeated under ten days or two weeks. During the second and third days a little bleeding may be noticed from the urethra. No further treatment is necessary except to pass a full-sized sound about twice to avoid any narrowing of the canal.

The cauterization does not obliterate the verumontanum and destroy its supposed function, but the condition of inflammation is relieved and the size of the structure is reduced to its normal condition, or possibly slightly smaller.

During the last six months I have had twenty-two cases which were subjected to the above treatment. The following are typical in symptoms and were relieved by the foregoing method.

Case I.—A. W. H., age 24; general health had always been good; venereal history negative; masturbated considerably since puberty until now.

Examination.—All generative organs normal except prostate flabby. Cystoscopic and endoscopic examinations negative. Complained of spermatorrhea, nocturnal emissions, a sensation at completion of urination as if he had not finished, a feeling of burning and itching deep in the perineum and an erection produced on little or no provocation. Patient very excitable and nervous; exhibited a great deal of concern about his future sexual powers.

Treatment.—Injected two minims of 10 per cent solution silver nitrate into the sinus pocularis. Symptoms after eight days cleared up; his mental condition began to improve rapidly, and in about two weeks the patient was well and has remained so.

Case II.—C. B., aged 27; well developed man. Previous venereal history negative until eleven months ago, when he contracted a gonorrhea which apparently was cured after eight months, though he would occasionally see a drop at meatus in the mornings. Four weeks ago, began to have pain in the perineum referred along the urethra and into both testicles, frequency of urination, slight pain while voiding, unsatisfactory erections and premature ejaculations,

nocturnal emissions and considerable concern mentally regarding his future sexual powers, as he was to be married shortly.

Examination.—All sexual organs normal. Urine had a few shreds in all three glasses. Endoscopy revealed a very congested verumontanum, lips of the sinus pocularis pouting and edematous.

Treatment.—Injected three minims of 10 per cent silver nitrate solution into the sinus. All symptoms disappeared in ten days and the verumontanum presented a normal appearance.

The only other condition which simulates this condition near enough to be mistaken for it is prostatitis, though the symptoms of the latter are not at all unlike the ones caused from inflammation of the verumontanum. By an endoscopic examination all uncertainties as to differential diagnosis can be cleared up, together with a digital examination of the prostate gland.—*Lawrence T. Price, M.D., in Virginia Medical Monthly.*

THE SURGICAL TREATMENT OF EXOPHTHALMIC GOITRE.—If it be accepted that the symptoms which constitute Basedow's disease are due either to a hypersecretion or perverted secretion in the thyroid gland, and if it be accepted that medical means of cure are as a rule inefficacious, a contention very frequently urged by the surgeons but by no means statistically proven, the treatment of this condition by the removal of as much of the offending gland as can be taken away without exposing the patient to the dangers of myxedema seems entirely logical.

As to the prognosis of medical treatment, a statistical study shows that apparent cure can be expected in not more than 25 per cent of the cases, and that the mortality is somewhere about 25 per cent, these deaths, however, being attributable to intercurrent affections. It may be assumed from these figures that about 50 per cent continue indefinitely with more or less disabling manifestations of the dis-

ease and ultimately perish of causes not directly attributable to their chronic thyroid intoxication.

These figures are somewhat deceiving, since the vast majority of cases of slight thyroid intoxication treated by medical men never appear in current literature; moreover, the fulminant and fatal cases are almost universally recognized as unsuitable to operative intervention and are necessarily classed as receiving medical treatment alone.

As to the surgical treatment, sympathetic resection has been practically abandoned, nor has it ever had any great vogue. Among the 76 cases collected from literature there were 12 deaths. There is no evidence that there was a large percentage of cures, and Forgue reports one patient who ten years after this operation became glaucomatous and lost both eyes. He remarked, however, with some satisfaction, that aside from this complete blindness, the cure was complete, but observes that a second case was "less brilliant" in its results since the patient died of myocarditis.

The operation of choice is a partial thyroidectomy. Lenormant has collected 666 cases as cured or greatly bettered, 174 slightly improved, or too recently reported to be of service, and 63 resulting fatally from operation—that is, there were 75 per cent of successes.

Cases which were not bettered by operation were usually those treated by ligature or by removal of an insufficient portion of the gland. Recurrences were rare, and were at times characterized by a growth of the thyroid without symptoms of intoxication. More frequently perhaps there was the associated tachycardia, trembling and exophthalmos, superficial hyperemia and sweating, and a pronounced vascularization of the renewed growths which usually accompany hyperthyroidism.

It is universally accepted that the safety of the operation and the completeness of cure is directly proportioned to the timeliness of intervention. Indeed, the belief is becoming rapidly accepted that a hypervascular thyroid accompanied by symptoms of thyroid intoxication, if unimproved by hy-

gienic and medical treatment, should be passed to the surgeon before the cardiac and renal changes have progressed so far as to make any form of intervention dangerous or futile.

Kocher from the prognostic standpoint lays particular stress upon the examination of the blood, a pronounced lymphocytosis indicating a state which, if the patient's condition allows, distinctly calls for surgical intervention. Surgical operation is not to be advised in those cases which exhibit thyroid cachexia characterized by cardiac degeneration, renal and hepatic insufficiency, and pronounced edema, nor is that acute form of the affection characterized by sudden onset and extremely rapid progression amenable to surgical treatment.

Hyperthrophy of the thymus has been suggested as a contraindication to operation, and it is noteworthy that Capelle of 22 autopsies upon patients suffering from exophthalmic goitre has observed an enlarged thymus in 21 cases. The diagnosis of this condition, however, may be extremely difficult, nor does it seem in itself a proper contraindication to surgical intervention.

When a progressive thyroid intoxication has reached such a stage as to render surgical intervention dangerous if no betterment follows appropriate medical treatment, the form of intervention usually practiced is that of ligation. The ligature should be made *en masse*, including the superior cornua of the thyroid. Girard holds that thus the vascular and secretory nerves are destroyed. If there be improvement following this operation, or at once if the patient be in condition to react against a more formidable procedure, one lobe or, if there be pronounced enlargement, one lobe and a part of the other are removed, subcapsular decortication being practiced in the posterior portion of the gland that injury of the parathyroids and recurrent laryngeal nerve may be avoided. It is noteworthy that the mortality of the operation is steadily decreasing, incident in part to the increased skill of individual operators, in part to the

more careful selection of cases and more rational preparation for operation, but mainly to the fact that medical men are more prone to call the surgeon in consultation before thyroid intoxication has reached the irrecoverable stage.—*Therapeutic Gazette.*

THE USE OF SCARLET RED IN THE TREATMENT OF ULCER.
—When an ulcer becomes aseptic, has a clean granulating base and healing edges, anything that will tend to reduce the time required for the epithelium to grow and cover the surface will be gratefully appreciated by the profession. In many cases of large ulcers and extensive burns skin grafting has to be resorted to. In the class of cases in which one hesitates to submit the patient to an anaesthetic and a skin grafting operation, the period of healing may be very materially shortened by the application to the edges of the area of an ointment of vaseline containing 8 per cent of Scarlet Red.

Scarlet Red is an aniline dye, which was discovered in 1882. It is a sodium salt derivative of disulphonic acid, costing sixty-five cents a pound, or about ten cents an ounce. It is made up into an ointment with a vaseline base, the strength varying from 2 per cent to 20 per cent, usually 8 per cent. In its preparation the Scarlet Red powder should be rubbed up first with a little olive or castor oil before being mixed with the base. Instead of vaseline, boracic, zinc or any other bland ointment may be used for the base. Sterilization causes the ointment to become darker in color.

Technique.—The ulcer should be washed with a solution of boracic acid or any other mild antiseptic and the edges dried. Solutions of bichloride of mercury or carbolic acid are to be avoided, as they kill the new young epithelial cells.

The Scarlet Red ointment is then applied to the edges of the ulcer, either on perforated old linen or with a camel's hair brush. In large ulcers the surrounding skin is liable to become irritated from repeated applications, so it is well

to cover this with some boracic or zinc ointment to within 1 cm. of the edge. In small ulcers the Scarlet Red ointment is applied to the whole base and edges.

This dressing is left on for twenty-four hours, when the area is again washed and a boracic ointment (quarter strength) dressing applied. The Scarlet Red is used again at the end of another day, and so on alternately. It has been found that the continuous application of the Scarlet Red ointment is too irritating.

Theory.—Fischer of Bonn published a paper in 1906 on "Experimental Generation of Atypical Epithelial Proliferations." He found that he could produce increased mitosis in the germinal layer of the skin, in the hair follicles and the glands by injections of Scarlet Red in olive oil. His findings were corroborated by Helmholtz and Werner. Scarlet Red was used first therapeutically in 1908 by v. Schnieder, and since then has been given many tests in Germany. In Dr. Davis' paper sixty cases are reported in which the results were gratifying. In this list are included cases of skin grafting, burns, ulcers, simple, varicose and specific, and bed-sores.

Among many patients who have come under my observation at the Toronto General Hospital and Hospital for Sick Children, I might mention a few as examples of the types of cases in which I have found Scarlet Red ointment satisfactory. Indolent ulcers over the tibia, either traumatic, varicose or syphilitic, respond rapidly. Large granulating wounds resulting from injury, in which the sloughs have separated and the base is clean and aseptic, are especially well suited to this treatment. Burns, when they have cleaned up and are healing, also do well under it.

Just in passing I might state that I have found that ulcers, burns and infected wounds clean up more rapidly by applying compresses of aluminium acetate (1 per cent) solution than those of boracic, bichloride or other antiseptic solutions.

In conclusion, I have no hesitation in saying that Scarlet

Red ointment materially shortens the healing period of ulcers, burns and granulating wounds. No bad effects are encountered if ordinary care is taken not to apply it too often or too strongly.—*E. Stanley Ryerson, M.D., of Toronto, Can., in Canadian Practitioner and Review.*

W. O. Nance, of Chicago, in the *Journal of Ophthalmology and Oto-Aaryngology* has the following in regard to the
USE OF SCARLET RED IN CORNEAL DISEASES

“The effect of Scarlet Red in corneal diseases appears to be to incite and accelerate regeneration of stroma and encourage the process of cicatrization. It apparently possesses no antiseptic properties. Its field of usefulness therefore is in tissue that is more or less “clean.” It appears to have little effect in abrasions or superficial epithelial erosions; its beneficial effects are best demonstrated in deeper affections of the cornea involving loss of tissue. In every such case treated by the writer, there appeared to be a rapid regeneration of tissue, definite cell increase with formation of epithelium. The cases comprised those of hypopyon ulcer and simple ulcer, after cauterization, Descemetocoele, corneal fistula, perforating corneal wounds, and one case of extensive loss of corneal tissue by removal of pterygium. In some of the cases the result was little short of marvelous, tissue regeenration occurring in a remarkably short period.”

VENEREAL PPOPHYLAXIS IN THE NAVY.—Surgeon Gates of the Navy (*Ther. Gaz.*) writes interestingly and instructively on venereal prophylaxis among sailors of the navy. The figures this officer presents speak volumes in behalf of measures to prevent gonorrhea and syphilis. He speaks with such positiveness that the most skeptical mind must be convinced in part if not wholly. Venereal prophylaxis, aside from the ethical phase of the question, is of large import to the navy and army. Every medical officer uses his utmost efforts to keep the efficiency of the force under his professional care, at the highest point, each day lost by an enlisted man from his duties being a loss to the govern-

ment represented by the man's wages. Owing to their peculiar mode of living and their inability to find female companions not open to grave suspicion, sailors are notoriously exposed to venereal disease.

Combined reports from the Asiatic station covering 1909, with 70,954 liberties and 21,166 admitted exposures, show 599 cases, of which 176 (or 0.83 per cent of admitted exposures) were classed as due to failure of treatment, but the fleet surgeon considers this an overestimate, as it includes some cases properly attributable to delayed treatment, some recurrences, etc. Two and one-half times as many as those who failed to report for treatment (113, or 2.12 per cent) developed disease. Later reports show 10 cases out of 57 due to failure of treatment, or percentage of exposures of 0.64, and the latest report is "the admission rate shows a 20 per cent reduction when compared with the average of the last two quarters of 1909."

The fleet surgeon says: "The prominence given to the question of venereal disease by commanding and medical officers, the talks on personal hygiene, the institution of the prophylactic scheme in itself, have, in the writer's opinion, been beneficial by bringing the better class of men to a greater realization of the evils frequently resulting from exposure and by stimulating a latent moral sense. In any event there is no reason to think that a sense of security engendered by the scheme has caused any increase in indulgence."

Practically the same routine treatment is employed by all medical officers and is as follows: As soon as practicable after return from liberty those admitting exposure receive, after urination:

First, thorough cleansing with soap and hot water.

Second, washing and soaking of the penis for five minutes with cotton and sublimate solution 1:1000 to 1:2000.

Third, injection of one of the popular silver salts, and held from three to ten minutes "by the clock."

Fourth, after drying the penis Metchnikoff's calomel

ointment, 33 to 50 per cent, made with lanolin and petrolatum, is rubbed thoroughly over the entire penis or penis and adjacent parts and allowed to remain two hours or indefinitely. In some cases the ointment is covered with a light dressing if men are to go at once about their duties.

Silver nitrate 1:5000, retained for ten minutes, is by some considered equal or superior to any other silver preparation.

It is thought by the medical officers of the navy that these prophylactic measures are certainly protective if employed within eight hours of exposure; of service with twenty-four and even though forty-eight hours have elapsed, their use is not positively futile.—*Am. Jour. of Dermatology*.

JOTTINGS BY THE WAY.—When planning to change your location, don't forget that:

A licked stamp can cross the continent by mail, but a licked male must pay the freight.

While "a rolling stone gathers no moss," it is apt to start something—creditors or gossip, perhaps.

If "home, sweet home," becomes infected with the yeast of *discontent*, the new home may sour from the same cause.

If you can't get a board, it does no good to rail. Buck up and try again—before you move.

You may move from relations, but you cannot get away from yourself.

The new place may have a better climate, but human nature and humane disease will be just the same.

If your bluff has been nailed where you are, it is a poor plan to pry it up and take it along in the moving van.

When inclined to lament the decline of the golden days of the conscript fathers in medicine, it might be well to remember that nondescript sons and postscript daughters are found in the profession.

Persimmons and hard nuts are the only things ripened by frost—and they grow too high to reach. Oranges and peaches ripen in the sun. Try a little sunshine where you

are and if you find there are only human persimmons and hard nuts to appreciate it; then, you would better move.

But

"Look before you leap, and if you do leap, don't wait until all the jump is out of you."

Don't take a hammer along. Boost your new town and the town will boost you.

Sell your rusty instruments and lose your rusty ideas before you move. Junk does not pay to pack and freight.

Don't imagine that suckers are never caught in the new town. Real estate agents use different bait for the newcomer and—different real estate.

Don't build your air castles too high. Someone is apt to capitalize them by flying a kite from them with *you* as the tail.

Keep your wife and daughters amused in the new place. If you let them get the dumps they may make easy friends, but the *wrong* ones.

Old family exclusiveness will not aid a newcomer. Better leave it in the old family closet back home to keep the skeleton company.

Join the medical society when you arrive. Your competitors will take your measure anyway, and they had better get it at first hand. The new suit will fit better than if ordered by mail.

Your boy will probably be licked by some of his new playmates. Your competitors will do the same by you; but both the kid and yourself will be the better for it. Be a good fighter but a good loser, and you will make friends.

Religious and political prejudice are two things it is not well to be too sure of when moving. Put them in cold storage until you learn the lay of the land. Meanwhile, if you forget them no one will be the worse off.

The new neighbors will have their eyes upon you. You could publicly take an occasional drink back home and even



is a genito-urinary antiseptic. Internally, becomes active for *neatus urinarius*, impregnates, neutralizes ammonia, prevents mucous, but does not irritate

is effective in Cystitis, Pyelitis, Gonorrhea, Urethritis, etc.

DOSE—5 grains, three or four times

Samples and list

Supplied as

Metogen—Crystalline Powder.

Metogen—5 grain Tablets.

Metogen-Lithia (Effervescent Tablets).

Metogen-Aperient (Granular Effervescent Salt with Sodium Phosphate).



use an occasional cuss word, but intemperance and profanity are monstrous sins when seen in the newcomer.—*Medical Council*.

CHIEF FUNCTION OF THE NOSE.—Little is said in text books about the physiology of the nose. While many diseases are due directly to disordered function of the nasal mucous membrane, many general conditions are made worse by abnormal activities in the nose.

The lung is the principal organ of respiration, the nose is an organ of respiration, too, its chief function being to prepare the air for the delicate lining membrane of the pulmonary apparatus.

What is this function? To moisten the respired air; to

warm the air; or, at least temper it to body heat, and the third function is to filter all respired air.

By the cavernous spaces in the turbinates or "swell bodies" and the glands in the mucous membrane overlying these areas of vascularity, a shower bath of serum and mucus keeps pouring out to saturate the air as it passes through the nasal chambers.

To warm the air is easily accomplished by the imparting of body heat; first by the large quantities of blood in the "swell bodies" and lining walls, secondly by the air eddying around and around the folding and reduplicating surfaces of the scroll shaped turbinates before it reaches the nasopharynx and the trachea.

The filtering process comes by the sifting out of large impurities by the vibrassae at the entrance of the nostril. Then by the washing out of foreign matter, the dissolving of much debris by the mucus. But the greatest purifying element is the inhibiting action of the nasal secretion upon bacterial activity and propagation.

Hence the air reaches the post-nasal space moist, warm and largely free from infection, fully prepared for the activities of the lung.

Changes from normal function arise when frequent attacks of Rhinitis bring about obstruction to the free passage of air through the nose. Mouth breathing follows nasal obstruction.

When adenoid growth dams back both air and mucus; when in latter years, or adult life, a chronic enlargement of turbinate bodies results from frequent colds and the mucous membrane is thickened, it ceases to functionate.

Then the supplying of moisture and heat is a job forced upon the mucous membrane of the naso-pharynx. The filtering process is put out of business and the whole list of pharyngeal and laryngeal symptoms of abnormal function ensue; sore-throat, hoarseness and aphonia.

The nose is a breathing organ. When the mouth takes

upon itself to breathe, useful barriers against disease are thrown down and clouds of infected particles float upon the current of respired air to lodge upon the tonsil, the pharynx, the laryngeal surfaces and the bronchial tract. Then we get pathology.—*Charlotte Medical Journal*.

FOOT POWDERS.—The powders may be divided into three groups:

1. Those which are soluble in water, and therefore equally soluble in the sweat of the feet. Boric acid is soluble in water and sweat, and is useful in cases in which there is excessive sweating, with or without a bad odor.

2. Powders which are insoluble in fluid or in sweat, of which starch powder or oxide of zinc is a type.

3. Mixed powders—partly soluble and partly insoluble. For men who have much walking to do the mixed powder is the best:

| | |
|--|--------|
| Salicylic acid (very finely powdered)..... | 1 dr. |
| Boracic acid (finely powdered) | 1 oz. |
| French chalk (carefully prepared) to..... | 4 ozs. |

This is used in European armies for the prevention of tender, sore feet.

Another worth noting is:

| | |
|---------------------------------|--------|
| Salicylic acid | 1 dr. |
| Oleate of zinc (powdered) | 1 oz. |
| Talc or French chalk to..... | 4 ozs. |

This makes a soapy-like powder exceedingly pleasant to the skin. Part of the boracic acid in the first prescription would be soluble in sweat. The chalk and oleate of zinc are not soluble, and would render the skin soft and comfortable, and remove the heat and redness.—*The Hospital*.

CHOLELITHIASIS.—In the *Boston Medical and Surgical Journal* of October 27, 1910, Chase has this to say about the treatment of this state: First and foremost it should be understood that stones in the gall-bladder probably cannot

be dissolved by the administration of medicine. Certain experiments have yielded just sufficient results to lead the hopeful to believe that time and perseverance in the use of certain agents may accomplish this desired result, but abundance of clinical experience fails to prove that such is the case. We cannot in any case guarantee to ward off or delay an attack of colic, yet in many cases it certainly seems as if result is attained, as there is no recurrence for years. Confinement to bed after an attack of colic until inflammatory conditions have subsided should be insisted upon. Kolisch believes that by careful attention to diet, medication, etc., and abstinence from sports and other forms of violent exercise for one year after the colic, latency of gall-stone disease is frequently obtained. As to medicinal agents for the gall-bladder conditions and the usual digestive disturbances, the author asserts he knows of none better than some such combination as that recommended by Billings, as follows:

R Sodii salicylatis, 1.0;
Sodii phosphatis, 2.0;
Sodii sulphatis exsic., 6.0.

M. Sig.: dr. ss to dr. j in glass of hot water thirty minutes before meals.

The general attitude of both physicians and surgeons regarding operative procedure in most cases of cholelithiasis is too well fixed to warrant much discussion. Those physicians, however, who feel it their duty to advise operation in every case as soon as the diagnosis is made, and who have not done so, may find some consolation in the statement by Richardson: "I have not a few patients in whom I know gall-stones to exist, and in whose cases I have not as yet advised operation. Knowing, however, to a certainty that stones are present in the gall-bladder, knowing also the precise anatomical conditions present, the author is prepared to advise operation the moment the first symptom of impaction appears, unless this impaction should be of the briefest and most trivial character."—*Therapeutic Gazette*.

SOME OF THE PRACTICAL POINTS IN THE TREATMENT OF DISEASES OF THE HEART.—Edward E. Cornwall, Brooklyn, N. Y., gives some practical details of treatment of diseases of the heart. The first thing of importance is a careful and accurate diagnosis of the case in hand. Compensation when lost may generally be restored by rest in bed; drugs should not be given until this has failed. Heart stimulants should be stopped when compensation is restored. Children and young people should be kept in bed at least a month after compensation has been restored in chronic valvular disease, and also after an acute attack of endocarditis. One should use the best remedies and leave out the rest. Digitalis should not be given to children and old people. When one prescribes a method of treatment, such as graduated exercises, it is necessary to see that it is properly given and that the dose is right. One should not expect compensation in a badly decomposed valvular case too early! one should be satisfied if the patient does not get any worse. One should use the smallest dose of any remedy that will do the work, never more than 2 minims of strophanthus at a dose. The patient should not be told the extent of his heart trouble lest despondency affect his health. One should be slow to give up hope of improvement at least. The value of Nauheim baths has been overrated. In congestion of internal organs a diet poor in proteids should be given. The three best drugs to use as heart stimulants are digitalis, strychnia, and strophanthus. Strychnia is the most generally useful, affecting the heart through the nervous system. Digitalis is contraindicated in many cases, and in these strophanthus will do better work. Aconite is a useful cardiac sedative. Morphine is very useful in extreme insufficiency. Vasodilators are only negatively heart stimulants.—*Medical Record*, January 14, 1911.

IODINE—ITS LATEST AND MOST IMPORTANT USES.—Dr. J. L. Wollheim speaks of the antiseptic value of iodine in the *American Journal of Surgery*, November, 1910. He

states that we possess in iodine a very potent drug. Its antiseptic power has been very conclusively proved by Kinnaman, from whose original paper he quotes: From 0.2 to 1.0 per cent iodine is an antiseptic of marked potency. It is far superior to bichloride of mercury. Two per cent solution killed *streptococcus pyogenes* in two minutes. It is easily prepared and is stable. It is one-fourth as toxic as bichloride of mercury. It does not coagulate albumin. It is effective in very brief time. The stain soon disappears (easily removed by aqua ammonii). It is very penetrating. One-half of one per cent is strong enough for all purposes as an antiseptic. He then quotes Nicholas Senn, who was a strong advocate of iodine in surgery. In his valuable article Senn's conclusions are: Iodine is the safest and most potent of all known antiseptics. Iodine in proper dilution to serve its purposes as an antiseptic does not damage the tissues; on the contrary, it acts the part of a useful tissue stimulant, producing an active phagocytosis—a process so desirable in the treatment of acute and chronic inflammatory affections. In the treatment of simple hyperplastic goitre, actinomycosis and blastomycosis the local use of iodine is made more effective by cataphoresis.—*From the New York Medical Journal of November 26.*

IN HYDROCELE, withdrawal of the fluid with trocar is so barren of results that its attempt is not warranted at all. Toward the cure of the condition but two methods are available, either the injection of an irritating fluid, such as pure carbolic acid or iodine, or a radical open operation, leading to obliteration of the fluid forming membranes. The latter is to be recommended by reason of its certainty.—*Am. Jour. of Dermatology.*

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Original Communications.

TREATMENT OF OPIUM ADDICTION.*

BY JOHN W. STEPHENS, M. D.,

Of Nashville, Tennessee.

In this country opium addiction is not often deliberately entered upon as a vice, but in the vast majority of cases is acquired unexpectedly to the victim as the result of the medicinal administration of the drug. The culpability of the medical profession in this has long been and continues, a serious reproach. An agent so potent for harm, and the slavery to whose use may so insidiously creep upon one, should be so carefully hedged about with caution of administration as to reduce to a minimum the justification

*Read at regular meeting of the Nashville Academy of Medicine, Tuesday, March 7, 1911.

of such censure. It seems trite to dwell upon this so self-evident fact, but the last two cases of this addiction coming under my care were habituated through the physician having given to them prescriptions for morphine to use at their discretion to relieve pain; in one case that of headache, and in the other for that of some pelvic involvement of acute nature. Such practice is little short of criminal, but the most intimate knowledge of the baneful possibilities inherent in the agent fails to deter from its use those who know most of it, and amongst physicians, druggists and dentists are to be found a much higher percentage of addicts than amongst the members of any other avocations.

Opium addicts, like other drug habitues, may be roughly separated into two not sharply differentiated groups, viz., first, those who started life with a normal nervous system and who fall victims to the habit through purely accidental or involuntary circumstances; and, second, that class denominated degenerates or inheritors. The latter, the degenerates constitute considerably the larger percentage of cases, and here the acquisition of the habit is but one of other evidences of the defective and deficient nervous basis. These are the individuals who start life, through prenatal influences, with a pathologically predisposed nervous system, both the quantity and quality of whose output of energy is poor, and which renders them, therefore, unfit to meet with successful resistance the strain and stress of life. The type is, of course, thoroughly familiar to you all, and is that which from its one extreme to the other, furnishes us most of our idiots, insane, criminals, perverts, drug and alcoholic addicts, prodigies, geniuses, and ne'er-do-wells. These unfortunates are but only too prone to yield to the enticing allurements of drug or alcoholic intoxication once their seductive pleasures have been experienced. To a certain group of this class the insufficiency of their nervous energy creates a craving and demand for some abnormal stimulation, not a few of whom find it in opium, once a

few doses of the drug have been taken. Be they degenerate or not, practically every case acquires the addiction more or less accidentally, so that no classification can be made upon this basis, but there is a very great difference in the degree of resistance to habituation shown, those belonging to the degenerate type being infinitely the more prone to become habituated. This is a point of much practical importance in indicating to us the greater degree of care to be exercised in the administration of such drugs to this class of individuals. Another way, too, in which the classification offered above is practical worth is in that of indicating the prognosis. The prospect for cure in the case of one showing markedly the stigmata of the degenerate, or inheritor, is very much less than in the case of one springing from a normal line of inheritance and endowed with an otherwise normal nervous system.

Prognosis—I will use the term here purely in the sense of referring to the permanent cessation of the use of the drug.

A number of factors come in for consideration in determining the prognosis for cure of this addiction, such as the presence and degree of degeneracy, the patient's attitude toward the question, the duration of the addiction, dosage, cause, occupation, and, finally, and most important of all, the degree of supervision and control to be obtained and the length of time of continuance of this. The prognosis may be said to be poor in almost direct ratio with the degree of degeneracy present. Little may be hoped of accomplishment in the case of the profound degenerate or inheritor whose nervous system will be found so unstable and will so weakened that resumption of the habit sooner or later will be almost certain, even though the quantity consumed has not been great or the duration of the addiction prolonged. On the other hand, the case of the non-neuropath, even though he has been taking large quantities for a long while, may be reasonably hopeful if associated conditions and essentials be favorable. With the two above

conditions in mind as qualifying factors, the relationship of duration and dosage will be apparent. The former, duration of addiction, is of much more importance than the dosage, however. The effect of the patient's attitude will be self-evident, it being useless to attempt a cure against the patient's wishes, though it is to be borne in mind that the expressed opposition to cure had at the outset may give way to grateful co-operation after the drug has been withdrawn and the nervous system restored partially to normal. The exciting cause of the addiction will be of much influence on the prognosis if it be continuing. Thus, if addiction has been caused by some painful disease and the pain continues, there will be little use in attempting a cure unless the cause producing the pain can be removed, for else the suffering will in all probability bring about a return to the habit. Finally, the two considerations last to be discussed are by far of the greatest importance of all—viz., the completeness of the supervision and control to be exercised during the treatment, and the length of the continuance of this. Unless the supervision and control over the patient be complete and constant throughout the entire time of withdrawal and for a considerable time afterward, nothing will be accomplished, for without this the patient will almost certainly obtain the drug surreptitiously. It is hardly within the power of human endurance to unaidedly withstand the craving for the drug at this time, be the method used whatsoever you will. This necessitates—I might say, universally necessitates—the treatment of these cases in properly equipped hospitals, and renders absurd the proposal of home cure so extensively advertised by some. The length of time that this surveillance and restraint shall be continued is of the utmost practical importance, and this is a phase of the subject with which more of fakery and charlatanry has been associated than any other. Some of the exploiters of these alleged cures are responsible, too, for much of the difficulty that the more ethical and sincere physicians have to contend with

in the management of these cases, in that they have planted, fostered and encouraged in the popular mind a serious misapprehension of the time required to effect a cure, some making the claim, impossible of substantiation, of surely accomplishing this in two weeks or even less. Such claims as these have been so widely advertised that the man who more frankly and truthfully states that a much longer time is required to offer any assurance of permanent results generally fails to get the patient to treat. To withdraw the drug in a few days is simple enough in the great majority of cases, but this is but the beginning of a cure if permanency of abstinence is to be the index, and to attain this latter, the individual must be kept under control until a practically normal physical state and nervous equilibrium has been restored. Authors of text-books, in their conservatism, place this period at from several months to a year. The length of time required will vary, however, in different cases, according to the personality of the patient, physical condition and duration of the habituation, and I have known a number of cases who have remained abstinent after an institutional residence of but a few weeks. This, however, is entirely too short a period to be taken as a working standard, which I do not think we can safely place at less than three months. Then frequency of relapse is only too common under the best of circumstances.

The disproportionate amount of attention that I have given to prognosis I feel to be justified because it is this phase of the subject that is probably of the most interest to you. Not many of you will treat these cases in their homes, but you will frequently be consulted by such persons or their friends as to the chances for cure and the time required for it—questions that are of more practical interest to you than are the technical details of the methods of withdrawal.

Under proper conditions, surroundings and care, the drug may be withdrawn from almost all cases, but not a

little skill and experience is requisite to accomplish this with a minimum of suffering and danger to the patient. A certain amount of distress and discomfort is as much a necessary accompaniment as it is in childbirth, and the more of these cases I treat, the more wholesome is the respect that I feel for the potentialities present in the removal of the support of this accustomed stimulant. Dangerous symptoms of collapse will occasionally occur—not frequently, for the vast majority, under a common-sense treatment, will escape this—but every case will bear and justify the closest and most instant watching during the stage of withdrawal.

Many different methods of treatment for the withdrawal of the drug have been employed, none of which is it necessary to emphasize here are specific, or confer upon the patient the slightest immunity against the subsequent resumption of his habit. Commonly these methods have been classified as gradual, intermediate, and rapid.

The essential of the first of these is, as the term indicates, the cessation of the use of the drug by the very gradual reduction of the dosage until the administration is entirely discontinued. Text-book authorities tend to discountenance this method upon the ground that it establishes a state of invalidism and encourages the formation of disagreeable habits of fretfulness and exaction that are almost as hard to eradicate as the drug habit. This may be so, as a rule, but has not been true in the occasional cases in which I have used it. Personally, I feel that we have in this the safest method of withdrawal in the case of the feeble or aged habitue, in this class it being desirable, if treatment is to be attempted at all, to avoid shock and strain to the organism as far as possible, less of which will be experienced with this method than with any other. The technique is very simple—merely that of a reduction of dosage so slow as to be imperceptible to the patient, measures of general hygiene and nourishment, and the use of mild hypnotics and sedatives toward the end. It is

vitally important that the patient be kept in total ignorance of the quantity being given him, under which circumstances it is sometimes possible to get him entirely off it while still under the impression that it is being given him. The importance and worth of this pardonable deception lies in the fact that if he knows just when the last dose is given he becomes nervous and apprehensive in anticipation of discomfort, which he will almost certainly acquire, and which will be entirely avoided if we are able to truthfully tell him that we have been giving him hypodermics of plain water for a week or two.

I shall not go into the details of the intermediate method, as for my part I see no merit in it over that treatment to be outlined in a moment, while it does possess the objection of being tedious and painful, so that I think it should be abandoned. Suffice it to say that the essentials are the comparatively rapid reduction of the quantity of the drug taken until its use is entirely discontinued in ten or twelve days, elimination being accomplished with purgatives, large quantities of water, sweating, baths, etc. Ergot, to control in part the vaso-motor disturbances, with such sedatives as the bromides, chloral, hyoscine, trional, etc., being administered as the needs of the case dictate.

The known physiological antagonism existing between opium and the solanaceæ has for a long time been made use of in the treatment of this addiction, hyosyamus and belladonna or their alkaloids being the ones most frequently employed. Those treatments devised in which these agents are the principals fall under the heading of the methods of rapid withdrawal, and have, of course, varied much in the hands of different men. Quite generally hyoscine has been used, and by many in doses which to me seem massive. I have seen the authentic records of a number of cases in which during the sixty or seventy-two hours that the treatment lasted as much as one and a half grains of hyoscine was given hypodermically. The object sought was the production of the profound physiological effect of

the drug to the point of delirium, which was maintained for twenty-four to forty-eight hours, free elimination being kept up and the opium entirely withdrawn. I have never been willing to risk this, feeling it to be dangerous. Others, again, employ hyoscine as the *piece de resistance*, but in much smaller dosage.

The method which I have latterly used by preference above all others is that devised more or less empirically by a layman, a Mr. Towne, an account of which, with report of cases, was published by Dr. Lambert in the Journal of the A. M. A. in September, 1909, and I will give below, somewhat modified, a detailed outline of this treatment. In its essentials it consists in free elimination, as secured by active purgation from the administration of the Compound cathartic and vegetable cathartic pills (U. S. P.), blue mass, and strychnia, and the drinking of an abundance of water, and the administration hourly of a preparation designated, for the sake of convenience, as the "specific," the formula for which is as follows:

15 per cent. tr. belladonnæ, 2 parts.

Fl. ext. hyoscyami.

Fl. ext. Xanthoxyli, aa, 1 part. Misce.

It is, of course, not necessary to emphasize here the fact that there is nothing whatever specific in this treatment in the true sense of the word, it conferring no immunity against the subsequent resumption of the habit. It is, however, the best method of *withdrawal* with which I am familiar, and is, in my opinion, perfectly safe. By Dr. Lambert it was highly recommended also for the treatment of cocaine and alcoholic addictions, but I have had no personal experience with it in this field.

The procedure is the same regardless of what preparation of opium or its alkaloids is used. If the customary quantity daily consumed be above thirty grains of morphine or its equivalent, it is best to devote a few days to the reduction of the dose to this point or lower, being careful, however, not to get the patient's nerves "on edge" by

this, for it is highly desirable that he enter upon the treatment in the best and most comfortable condition possible. Throughout treatment (of withdrawal) the patient must be in bed, under reasonable close medical supervision, and with the constant attendance of a nurse.

Beginning, preferably at bedtime, a soapsuds enema is given to evacuate the bowels, followed by four compound cathartic pills, five grains of blue mass, and one-sixtieth grain of strychnia. At the same time a dose of the drug of the accustomed quantity may be administered, after which the patient is to be put to bed for the night.

When these pills have begun to act, commence the "specific." Of this give ten drops every hour for six doses, then twelve drops every hour for six doses, then fourteen drops every hour for six doses, and then sixteen drops every hour for the remainder of the treatment, or until some indication arises to reduce the dose. *If the pupils become markedly dilated, the throat particularly dry, or a rash or delirium appear, reduce the dose or temporarily stop the specific.*

Give with the first dose of the specific *one-sixth of the total daily quantity of the drug*, repeating this every half hour until three such doses are given.

At the same time give one-sixtieth grain strychnia, to be repeated every four hours thereafter during the treatment.

Fourteen hours after the first dose of the specific, give four compound cathartic pills and five grains of blue mass.

Four hours later, give four vegetable cathartic pills.

Action from the bowels must be secured at this time, which, by the way, may not have been nearly so free as one might expect, and an enema or a dose of salts will sometimes be required at this stage. The nervousness and discomfort of the patient will be very much less the more freely the bowels are moving. After the bowels have moved following the pills last indicated, give at one time

about *one-third the total daily quantity of the drug* customarily taken.

Twelve hours after this dose of the drug, give four compound cathartic pills and five grains of blue mass.

Six hours later, give one ounce of castor oil. This oil should produce a characteristic, slimy green stool, after which the treatment ceases. Large quantities of water should be given during the treatment, it being my custom to order a glassful every hour. The patient should be fed well, too, it being wise, indeed, to encourage by persuasion the taking of more food than would probably be done if inclination were alone consulted, in order that the patient's strength may be conserved to the maximum.

The degree of nervousness and discomfort experienced will vary greatly in different individuals, but will never be entirely absent. Naturally, this will be the greater the larger the quantity of the drug taken, and is experienced most seriously during the few hours preceding the purgation from the oil. It will be sometimes necessary to give an extra dose of opiate at this time. One cannot expect, however, to entirely escape a certain amount of suffering in this or any other treatment if the effort at withdrawal is to be successful, a fact that should be thoroughly impressed upon the patient at the outset in order that his fortitude of endurance and co-operation may be secured. The sense of relaxation and comfort that comes after the characteristic stool from the oil is very marked—just why, I am unable to say, and, while complete comfortableness does not always follow, I have rarely found it necessary to give any more opium after this stage.

During this, or any other, method of treatment, collapse from the withdrawal of the accustomed stimulation of the drug is a possibility always to be borne in mind and carefully watched for. Fortunately this is of infrequent occurrence, and will be promptly relieved by a dose of the drug, preferably morphine hypodermically, but this need should be met promptly, if indicated, as the depression, if

unrelieved, may become alarmingly severe, and fatalities have been reported.

For a period, varying in length in different patients, the various aches and pains, lassitude and insomnia present will distress and render the patient uncomfortable, and will require patience, persistence and skill at the hands of the physician and nurse in the way of treatment and management. Time and various common-sense sedative measures, massage, hydrotherapy, etc., will correct all this, but during this time the patient must be watched and controlled closely to prevent him obtaining and taking the drug. For a long time these patients experience a craving for the drug frequently too strong for the weakened will to resist, a fact that must be recognized and properly dealt with if we are to entertain hope of permanent abstinence. A state of nervous equilibrium must be established that will enable him to resist the temptation that will surely come, and time along can bring this. Abstinence in the future, too, must be complete if a resumption of the habit is not to occur, for almost invariably—even after years of freedom from the habit—a single dose of the drug will be sufficient to call up again the old craving with an intensity oftentimes not to be resisted. The depression following the abuse of alcohol is very prone, too, to recall the desire, and many a relapse has followed a drinking bout. Finally, though, I would reiterate that that which is responsible for more relapses than anything else is the fact that the patient rarely remains under supervision and control for a sufficient period after withdrawal.

TONSILLITIS.

BY CHARLES J. DRUECK, M. D., CHICAGO, ILL.

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In the treatment of tonsillitis it is well to remember that this disease is at first only a local disturbance, and if promptly and efficiently treated, will remain so.

The systemic symptoms—fever, headache, etc.—only develop when there is considerable infection taken up. Therefore the following course should be instituted early in the case. The first indication is to increase local circulation, and the best therapeutic agent is heat. In the first place, confine the patient as much as possible to the house. Children should be put in bed. By staying indoors the patient breathes warm air only, usually free from dust and other irritating substances. The external application of the hot water bag greatly increases the venous circulation and so relieves the congestion, as does also the drinking of hot water. This drinking bathes the parts as well as adding a large amount of water to the bowels, and so increases the action of both bowels and kidneys, and washes out the infection as it is taken up by the system. The drinking of water also increases arterial tension, which prevents stasis.

A local remedy must fill two requirements—a detergent antiseptic and a degree of permanency of effect. Many of the remedies are antiseptic, but they are not exosmotic enough to increase the circulation, or else their effect is too transient and their use tires the patient. Locally I have grown to use but one remedy, and that is Glyco-Thymoline. I prescribe equal parts of Glyco-Thymoline and water to be used in an atomizer. I get better results with this than anything else I have used. I always use it in an atomizer because gargling is necessarily painful, while a spray is not. Glyco-Thymoline promptly relieves the dry congested condition, and by adhering to the tonsil protects it from external irritation. Its anodyne effect is immediate and lasting. I instruct my patient to use it frequently, and because it is pleasant and its action prompt, I find that they need no other instruction, but use it thoroughly. As Glyco-Thymoline is non-poisonous, it makes no difference as to how much is swallowed, and its action does not upset the stomach, but tends rather to assist the destruction of any of the plugs that may be swallowed.

I find by this method of treatment that my cases are nearly all cured in twenty-four to thirty-six hours. That I need no other medicament at all, because the system does not become clogged with toxines.

I report below two cases, not for their individuality, but because their prototypes are constantly occurring to every physician.

Baby J., child six years old, had been sick for two days, and the previous day the mother had seen sore throat and treated it with salt, vinegar, etc., to which the child rebelled. When seen, I put child on spray of equal parts Glyco-Thymoline and hot water, and allowed sipping of hot soups and liquids; advised use of spray every half to one hour. Next morning mother telephoned I need not come, as the child was perfectly well.

Mr. H. K., subject to repeated attacks of tonsillitis, but refuses tonsillotomy because he is afraid it may injure his voice—he is a vocalist. Several months ago I recommended spraying the throat with Glyco-Thymoline, one-third strength, twice daily, and whenever the throat is at all sore to use it frequently. He has not had an attack of sore throat all this winter.

Selected Articles.

DISEASES OF THE STOMACH AND DUODENUM FROM A SURGICAL STANDPOINT.

BY WILLIAM J. MAYO, M. D., ROCHESTER, MINN.

Few people with chronic disease die from the malady with which they suffer during life. Postmortem information as to the causes of death has usually disclosed that death was due to secondary complications and terminal infections. The postmortem did not present a true picture of the disease as it existed during the curable period because it could not show the living pathology.

Post mortem findings have, however, given us accurate

information as regards certain diseases, such as acute perforation of the stomach, because the perforation often led directly to the death of the patient; but in chronic gastric diseases, unless they terminate fatally from some acute condition, we are not so greatly benefited by post mortem examinations.

Surgical measures have illuminated pelvic hematocele, showing them to be tubal infections and extrauterine pregnancies. Phlegmonous enteritis, obstruction of the bowels, general septic peritonitis, perityphlitis, and a host of other supposed conditions, were proved by surgical means in the majority of instances, to be the result of appendical inflammations. In the same manner, disease of the biliary tract, pancreas, and other obscure corners of the abdomen have had their true pathology brought to light.

The stomach has been credited with a host of diseases which it never possessed and has received an amount of treatment for suppositious conditions that is of little credit to the medical profession. These mistakes have been due, mainly, to certain fundamental misconceptions as to the functions of the stomach, its relation to diseases in general and especially to those of the digestive tract.

In this report the stomach resembles the urinary bladder, the supposed diseases, of which have been so greatly reduced since the cystoscope, ureteral catheter, X-ray and other means of direct inspection have come into general use. Tuberculosis of the kidney masqueraded as intractable cystitis, the relatively unimportant bladder involvement giving rise to nearly all the symptoms and securing for the patient a large amount of unnecessary treatment.

Why was the male so frequently believed to have bladder disease? Because of enlarged prostate, posterior urethritis and kindred disease. When stripped of the symptoms it is not responsible for, but which nevertheless give rise to complaint, the bladder itself will seldom be found to be diseased. To a great extent this is true as regards the stomach which is held responsible for more "complaints" than any other organ in the body, and yet it is not often

the real source of the symptoms, but rather the mouthpiece speaking for a host of other organs.

The stomach has several important functions, the first and most important is that of storage. This organ acts like a magazine of a coal-stove, feeding its contents slowly into the intestinal tract for absorption and assimilation. The food, which is more or less mixed with the ptyalin in the process of mastication, lies in the fundus of the stomach in a globular mass from twenty to thirty minutes. The gastric secretions are largely formed in the pyloric end and are stimulated into activity. The mass gradually becomes mixed, and passes, a portion at a time, into the pyloric antrum, where it is ground up and ejected through the pylorus.

When a certain degree of acidity exists in the pyloric antrum, the pylorus opens and the chyme passes into the duodenum, and when a certain degree of acidity takes place in the duodenum, the pylorus automatically closes. It should not be forgotten that the duodenum has the paramount right over the stomach in the control of the pyloric apparatus, and that this right to control is not confined to the duodenum, but is possessed to some extent by all the derivatives of the midgut from the common duct to the splenic flexure of the colon and accounts for gastric disturbances in the presence of intestinal disease.

The mechanical effect of the action of the stomach upon the food-mass, is much more important than the chemical effect. The gastric juices, which consist of a dilute solution of hydrochloric acid, pepsin, and certain other secretions aided by the gastric musculature, breaks the food-mass and forms it into a homogeneous whole. Motility is the most important gastric function and anything that interferes with this function causes marked disturbances of the stomach. We have paid relatively too much attention in the past to the chemistry of the digestive process, and too little to the more important function of motility.

In over three hundred gastrectomies in which the entire pyloric end of the stomach was removed, necessarily reduc-

ing subsequent secretions of hydrochloric acid and pepsin to a minimum, we have never had any complaint of gastric distress from the patient after the operation, if there was unobstructed opening for the passage onward of the food. This is also true of the relief afforded patients with obstruction when gastrojejunostomy is performed, although the continuous presence of alkaline-biliary, and pancreatic secretions following operation, must act to neutralize the gastric secretions and interfere with all the gastric functions, excepting that of motility.

The stomach may be described, anatomically, as a muscular organ with temporary storage function which enables its possessor to rapidly place in its cavity a considerable quantity of food products for the slower process of digestion and absorption, rendering continuous feeding unnecessary.

The stomach has two well defined compartments, First, the fundus into which the food is immediately received and temporarily contained. This part of the stomach does not have a great amount of secretion, and is more or less under the control of the cerebrospinal nervous system; that is, we are conscious to a considerable extent of the condition of its cavity, by the feeling of repletion after the full meal, hunger, etc. Second, the pyloric antrum, where the secretions are most active and the muscular action most powerful. Of this part of the stomach we have conscious control. In many of the lower animals a sphincter exists between these two cavities which is called the antral sphincter. If this sphincter ever existed in man, it has now disappeared, although physiological contraction takes place at that point.

The first four inches of the duodenum, the part lying proximal to the common duct, originates, like the stomach, from the foregut, and its functions and diseases are those of the stomach rather than the intestine, although, morphologically, it resembles the small intestine.

The control of the intestinal tract, which includes the

antrum of the stomach, is primitive, and is obtained by means of internal secretions. This control existed before the cerebrospinal nervous system had developed, and it continues to have paramount influence over the digestive and assimilative functions. This method of control acts by chemical stimulation through the blood-stream and also through the sympathetic ganglia. It may be compared to the hand and fingers which play upon the piano; the internal secretions being the active agents, and the sympathetic nervous system the co-ordinating body. The plexuses of Meissner and Auerbach, which are derived from the cerebrospinal as well as the sympathetic nervous system, have comparatively little influence over digestion and assimilation. The fundus of the stomach was a late development and is consequently more or less under the control of the cerebrospinal nervous system; it follows, therefore, that the stomach is the place where derangements of the entire intestinal tract between the beginning of the antrum and the splenic flexure may reach the consciousness of the individual. This is the reason why strangulated hernia, appendicitis, gall-stones, intestinal tumors, intussusception, etc., cause nausea and vomiting and pain in the stomach; the distress arising from Nature's endeavor to secure rest by means of the so-called "pyloro-spasm," which acts to prevent food from passing out of the stomach. If food remains too long in the stomach it interferes both with the storage and digestive functions; the secretions become changed and a chain of symptoms are set up which are spoken of as dyspepsia and indigestion. If we place too great reliance upon laboratory findings, we may be influenced to consider these purely secondary conditions as actual diseases of the stomach, and to name them in accordance with some prominent symptom. This has been done over and over again.

Looked at pictorially, stomach disturbances may be divided into four groups: First, where the stomach is disturbed by general conditions and where, for a time, the gastric distress obscures the actual disease. We have all

had the humiliation of treating the patient for stomach trouble who was suffering from cardiac insufficiency or the gastric manifestations of arteriosclerosis; of giving pepsin and hydrochloric acid to a patient for supposed dyspepsia who had chronic nephritis; of making a diagnosis of gastric ulcer because of gastric hemorrhage, the result of cirrhosis of the liver, and of treating the stomach because of the vomiting of pregnancy. Not a few patients with gastric crisis due to locomotor ataxia have been subjected to gastrojejunostomy for supposed gastric ulcer. These are a few examples of mistaken diagnosis due to the effect of systemic disturbances upon the gastric function.

Second, gastric disturbances due to a group of diseases more or less intimately associated, for example, atonic dyspepsia, prolapse, and gastric neurosis. Atonic dilatation gives rise to a splashy stomach, the abdominal wall's are flaccid, and the abdominal aorta may be so plainly felt that the unwary are led to a diagnosis of aneurysm.

Prolapse of the stomach is, in the majority of cases, a part of *Glenard's* disease, and although bismuth and x-ray photographs show a marked downward displacement, there is usually very little mechanical interference with the progress of food.

Gastric neurosis is an exceedingly common condition, and two of the many types are worthy of mention: The female from 17 to 24 years of age, who vomits as soon as food is taken into the stomach, and the male of middle age with constant gastric complaint of the hypochondriac type. Atonic dilatation and prolapse are seldom benefited by operation, and surgery is much too serious an agent to be used as a means of psycho-therapeutics in gastric neurosis.

Third, the disturbances of the stomach due to appendicitis, gallstones, intestinal tumor, intussusception, intestinal tuberculosis, etc. These have already been discussed. As a rule, surgery must be invoked to secure relief in this class of cases.

Fourth, a small group of cases in which the stomach is

actually involved in diseases that can be demonstrated surgically of which ulcer and cancer are the most frequent examples.

Mistakes in diagnosis are more often the result of a lack of examination than a lack of knowledge. The first step in the diagnosis of supposed disease of the stomach should be a general physical examination, in order to eliminate causes of gastric distress which originate in diseases outside of the digestive tract. We should then eliminate the non-surgical diseases, i. e., atonic dilatation, prolapse, gastric neurosis, etc. Next in order come diseases of the digestive tract outside of the stomach which may give rise to the symptoms. All of these possible conditions must be eliminated by careful and methodical examination before taking up the question of diseases which can be rightfully attributed to the stomach.

When *Kussmaul* adapted the stomach tube from the stomach pump in 1867, and applied it to the diagnosis and treatment of gastric disorders, a great step was made in advance. This device imparted some knowledge of diseased processes and changed functions in the interior of the stomach, as evidenced by secretions, food, and other material removed by the stomach tube. However, since the days of *Kussmaul*, and his collaborators, the amount of information gained in this way has been small. A great amount of labor has been expended in examining the gastric secretions, test-meals, etc. The results have often been disproportionate to the amount of effort, and too frequently have been accepted at a fictitious value. In our disappointment over the failure of the laboratory to establish definite diagnosis in many conditions of the stomach, we are going too far in our criticisms. Moreover, the laboratories have not failed, but we have failed to rightly interpret the laboratory findings. It is only in contrasting actual conditions through surgical inspection with that of laboratory and other diagnostic findings that we are enabled to check up

and obtain a proper valuation of the various signs and symptoms of gastric disease.

In showing the size, shape and position of the stomach, the x-ray has been of some service. The gastroscope has not yet been perfected so that it can be put to practical use, and the diaphanoscope gives unimportant results.

In making a diagnosis of diseases of the stomach, the history of the patient is of the first importance, particularly in relation to early symptoms when characteristics of disease are not obscured by secondary complications. The relation of food to the production of the symptoms should be carefully noted. After the history, comes inspection, palpation and accurate location of points of pain and tenderness. Next in importance is the stomach tube. (a) To draw off the stomach contents. A careful gross examination should be made of the material. In ulcer of the stomach the organ often contains a considerable quantity of sour, pungent fluids, greatly in contrast to the sickish coffee-ground liquids so often found in cancer. If there is obstruction, the contents will contain food remnants which will be readily detected macroscopically. (b) Distention with air by means of the *Davidson* syringe, in order that its shape, outline, and position may be demonstrated. At times a tumor will be brought into a situation where it can be palpated, when it might not otherwise be discovered. (c) Laboratory examination of the stomach contents. A determination of the amount of acids has considerable value, but only when taken in conjunction with clinical findings. High acids with hypersecretion, gives testimony in favor of benign disease, but the converse is less true as regards malignancy. Occasionally a piece of tissue may be obtained for microscopical examination.

Free or occult blood either in the gastric contents or in the stool, is an aid in differentiation, but of less importance than is popularly believed.

Chronic ulcer of the stomach and duodenum. Twenty-five years ago, when I was a medical student, ulcer

of the stomach was considered an exceedingly common condition, and one easily diagnosticated. Ulcer of the duodenum, on the other hand, was believed to be exceedingly rare and difficult to diagnosticate. Ulcer of the stomach was supposed to occur in the female in more than 60 per cent. of cases, and in the male, less than 40 per cent. These ulcers were usually thought to be multiple. The main reliance in diagnosis was the fact that the patient took food and had pain which was relieved when the stomach was empty. With this condition it was believed that the patient had ulcer.

What has surgery demonstrated to be the actual facts? First, that in at least 75 per cent. of the cases the ulcer is not in the stomach, but in the duodenum. As to the sex, 80 per cent. of the patients upon whom we operate for ulcers are males. Multiple ulcer exists in less than eight per cent.

In observing the relation which food has to ulcer, we find that previous to the stage of obstruction, food gives relief to pain, which is most intense when the stomach is empty. The patient takes food, milk or other diluent, or bicarbonate of soda to get relief by neutralization of the retained acid secretions. The patient with other characteristic stomach disturbances who wakes up at a certain hour of the night with bitter, acid, sour feeling in the stomach, and raises up a mouthful or two of this burning secretion, or is compelled to take food or drink for acidity, in the majority of instances will be found to have ulcer.

It is evident that a large number of supposed ulcers in the past were in the nature of disturbances classed under the head of (1) general diseases affecting the stomach, (2) atonic dilatation, prolapse and *gastric neurosis*, (3) disturbances of the stomach due to diseases of the intestinal tract.

One of the peculiar features of chronic ulcers of the stomach and duodenum is the deceptive improvement which is so often mistaken for cure, and which has apparently little relation to the actual condition of the ulcer itself. Af-

ter serious symptoms lasting for some weeks, the patient may have complete relief for weeks or months, and yet if operated upon during the quiescent period the ulcer will almost regularly be found open and unhealed. The supposed cures of chronic ulcers of the stomach and duodenum may be compared to the supposed cures following each attack of recurring appendicitis or gall-stone disease.

What shall we do with chronic calloused ulcers of stomach and duodenum? I believe the unprejudiced observer must come to the conclusion that operative relief is indicated after a reasonable amount of medical treatment has failed to give a permanent cure. Calloused ulcer of the stomach should, if possible, be excised on account of the serious cancer liability, and if necessary for drainage a gastrojejunostomy should be made in addition. Ulcers of the duodenum do not often become malignant and gastrojejunostomy is a most reliable procedure in these cases.

Cancer of the stomach is the most common of all cancers in the human body, as no less than thirty per cent. occur in the stomach. They are amenable to surgical treatment with good prospects of cure if patients can be submitted to operative treatment sufficiently early in their development. Twenty per cent. of our cases of cancer of the stomach which were submitted to radical operation more than three years ago, are alive and well, some of them have been well for more than nine years. Cancer of the stomach does not produce symptoms as cancer during the curable period, and it is only when the situation of the growth introduces mechanical elements which interfere with the progress of food in the stomach, or when a tumor can be felt, or some other fortuitous circumstance occurs, that we are able to make a diagnosis in time for successful operative procedure. It is in cancer of the stomach that the prolonged laboratory investigation has been productive of so much harm—a *scientific but deadly delay*.

I do not believe the general position can be assailed which assumes that all cases in which there is mechanical interfer-

ence to the progress of food, or a demonstrable tumor, should receive surgical consideration. A suspicion that there is cancer of the stomach should above all things lead to surgical consultation. These cases have no more business in the medical wards, than has cancer of the lip, breast, or uterus.

A high degree of technical skill is not required in order to palpate a gastric tumor, or to make a diagnosis of mechanical obstruction. If a patient is told to take with his evening meal some soup containing half-cooked rice and a penny's worth of raisins, remnants of this food will be found in the stomach the next morning if obstruction exists.

Modern surgical methods have developed a safe technic for the radical removal of gastric cancer with good prospects of cure. It only remains for the profession to recognize the facts, and *give the patient a chance.*—*St. Paul Medical Journal.*

THE VALUE OF TAKA-DIASTASE IN DIABETES MELLITUS.

BY E. J. G. BEARDSLEY, M. D., L. R. C. P., LONDON.

(Chief of the Out-Patient Medical Department of the Jefferson Medical College Hospital.)

Some one has said that the most effectual way of learning all there is to know about a disease is to have some friend develop symptoms of it.

Many of us know only too well the feeling of helplessness that comes to us when a friend develops such a disease as diabetes mellitus, and many, too, are aware, in such instances, of the feeling of increased and very personal interest in every statement concerning the disease. At such times we are constantly on the watch for helpful suggestions as to treatment, and although frequently disappointed we always find new hope in each new drug or procedure.

Thus it was with me several months ago when I discovered in a friend the symptoms, and in his urine the undoubted evidence of diabetes mellitus. It did not take me

long to learn that, much as the authorities may differ as to the etiology and pathology of the disease, they are unfortunately well agreed that the medicinal treatment of the disease has very narrow limits, while the dietary treatment can only be considered as palliative.

As to the medicinal treatment, we find that a very large percentage of the drugs of the Pharmacopœia have been recommended from time to time, while scores of unofficial products are advised; but, as has been pointed out before, the hopefulness of the treatment of any disease is, as a rule, in inverse proportion to the number of drugs used in its treatment.

In a conversation with Dr. Hobart A. Hare upon the treatment of diabetes, he stated that several years ago he had been asked his opinion as to the possible value of taka-diastase in this disease, and had replied that our knowledge of the etiology and pathology of the condition was so slight that it was impossible to speak positively, but that, on theoretical grounds, it would seem probable that the drug would do harm by rendering the starches more easily converted into sugars, and the liver cells, being unable to store this flood of material, the patient would be made worse. However, in the *Therapeutic Gazette* of April 15, 1910, there appeared a letter from a practitioner who stated that he had used taka-diastase with benefit to his patient. Shortly after reading this letter Dr. Hare administered this drug to several patients in the Jefferson Medical College Hospital with good results, and it was about this time that Dr. Hare requested me to ascertain its value in those diabetic patients who visited the Out-patient Department of the Jefferson Medical College Hospital.

First a word as to what taka-diastase is. The word diastase is applied to certain enzymes or ferments found in the digestive juices of the animal body; diastase is also present in the processes connected with the fermentation of grain, as in the manufacture of alcoholic beverages. Taka-diastase was discovered by a Japanese investigator named

Takamine and named "Taka-Diastase." This product is manufactured by Parke, Davis & Co., whose department of experimental medicine was courteous enough to supply me with a liberal amount of this not inexpensive drug for experimental use in the dispensary.

The drug comes in two forms—one the liquid taka-dias-tase and the other the powder usually dispensed in capsules. It is claimed that this drug will liquefy 150 times its weight of starch in ten minutes under conditions corresponding to those which exist in the stomach during or just following a meal.

All my experience has been with the powdered drug.

The first patient upon whom the drug was tried by me was J. C., an American aged thirty-two years. This patient had known of the presence of the disease for three years, and during this time he had consulted a score of physicians in this country and in Europe.

His urine had been examined frequently during the three years, and the quantity of sugar varied between three and nine per cent, being influenced by his care or lack of care in his diet. For three weeks previous to my seeing this patient, he had been unable to leave his home because of intense weakness, and when first seen was suffering all the tortures of a well-marked diabetes mellitus. His appetite could not be satisfied, his thirst was intense, he was sleepless and suffered from intense headache, while diarrhea added to his discomfort. On entering the cottage one perceived the sickening aromatic odor of the patient's breath, and a glance at the emaciated figure revealed the seriousness of the disease. The patient informed me that he had taken all known remedies for the disease and many unknown ones (referring to patent medicines), and that none of them gave him relief, although there had been times when, earlier in the disease, he seemed to improve under any new treatment. He also informed me that he knew he had not long to live, but that he wished to live comfortably while he did, and he asked me to come as often as nec-

essary to give him a hypodermic injection of morphine to relieve his pain and discomfort. I found that he was passing something over 200 ounces of urine in twenty-four hours (with 5 per cent of sugar), and was disturbed at night some eight to twelve times to urinate. He had lost twelve pounds in weight in about three weeks, and was at this time unable to leave his bed. The patient was given a hypodermic injection of morphine and a request made for a specimen of urine from the total quantity in twenty-four hours. I found that the man passed 186 ounces of urine with a specific gravity of 1032, sugar 4.6 per cent, with a large amount of acetone and diacetic acid. The following day the amount was 202 ounces. During both nights the man was compelled to urinate at frequent intervals. The night that he received the morphine he was up for this purpose six times, and the next night eleven times.

Two days after he was first seen the patient was given capsules of taka-diastase containing five grains of the drug, and was directed to take one after each meal and at bedtime. He received no other medicine and was very skeptical as to the possible value of any drug. The family telephoned me during the evening that they were worried lest I had given him too strong a remedy, as he had been suspiciously comfortable all day, had passed urine but twice during the afternoon, and had not complained of thirst or hunger. The next morning the report was that the patient had gone to bed at 10 P. M. and was not disturbed by the desire to urinate until 5 A. M. During the first twenty-four hours following the administration of the taka-diastase the amount of urine decreased from 202 ounces to 130 ounces, and the sugar decreased from 4.6 per cent to 3 per cent. Acetone and diacetic acid were still present, but in much less quantities. The patient stated that he had not been as comfortable in many weeks, and that although his appetite was much less he felt decidedly stronger.

The patient continued to improve from day to day, and ten days after he was given the drug for the first time he

passed but 84 ounces of urine in the twenty-four hours. The amount of sugar was not as much reduced as I had hoped to see, being constantly about 3 per cent. There is this to say, however: the patient was allowed to have a very free choice of food for the reason that he had been kept upon so strict a diet previously that he had lost much weight and strength. From this time the patient gained, and from being bedfast he was able to get about and to a certain extent enjoy himself. The patient gained in weight, slept well, lost his ravenous appetite, no longer had diarrhea, and could attend social functions without the necessity of absenting himself at frequent intervals to visit the urinal. The patient returned to his home at the end of the season in much better health than he had been in two years, and this improvement he ascribes to the taka-diastrase.

This man was under my observation for about three months at the seashore, where unfortunately I was not able to carry on as accurate laboratory analyses as was desirable, but as to the general improvement there could be no doubt. At the end of the season, after taking taka-diastrase for about three months, the patient was passing less than 80 ounces of urine a day.

The next patient the drug was administered to was A. K., aged thirty-six, suffering from glycosuria, but who had no symptoms of diabetes. He had been refused insurance because of the presence of sugar in his urine, although he at no time had symptoms of the disease. He was found to have a trace of sugar in his urine on several successive days. This amount was increased in quantity if he ate freely of candy or other sweets. By administering take-diastrase in five-grain doses I found that all the sugar disappeared, and although the urine was examined on several occasions after the drug was discontinued, no sugar was found. This patient has since been accepted by the insurance company that had previously considered him a poor risk.

The third patient was W. C., an American aged twenty-six, a carpenter by trade. This patient came to the out-pa-

tient department for treatment. Up to four months before the man had been perfectly well. The first untoward symptom he had was loss of weight, and shortly after he began to notice that his appetite was enormous, while he could scarcely satisfy his thirst. He had insomnia and persistent headache and complained of being very nervous. The first time he consulted me he said that he was up often at night and that he passed far more urine than usual. He was weak and unable to do his work. His urine at this time revealed 4 per cent of sugar, the presence of acetone, but no diacetic acid. This man lived in Clifton Heights and agreed to return to the hospital in a few days for ward treatment. He was given taka-diastase, 5 grains, four times a day, and returned to the dispensary so free from his former difficulties that he refused to come to the hospital. He has gained six pounds in weight in six weeks, and declares that he has no discomfort whatever. His urine at his last visit contained 2 per cent of sugar, but we are unable to find from the man how much he was passing in the twenty-four hours. The man has returned to his work as a carpenter, and considers himself well. It is significant, however, that if he does not receive the taka-diastase he soon has a return of his symptoms. This is true of all the patients to whom I have administered the drug.

The next patient was B. K., female, aged forty-two. She consulted the dispensary for relief from an intolerable itching about the genitals. This patient is known to have had diabetes for eight years, having been a patient at the dispensary during that time. Her urine revealed 1.5 sugar, specific gravity 1024; no acetone, no diacetic acid. The interesting fact was noted that following the administration of taka-diastase the amount of sugar increased to 3 per cent, but the itching stopped immediately. The percentage of sugar in this case was from single specimens, and not from a total twenty-four hour amount.

The next patient was R. M., aged sixty years, white, an American. He had been a sufferer from diabetes for at

least ten years, and as a rule did not have many troublesome symptoms. He consulted me at the dispensary to get relief from a symptom which he stated had been more or less troublesome from the beginning—that is, frequency of urination, particularly at night. I was unable to ascertain the total quantity in twenty-four hours in this man, but an examination of the specimen passed at noon revealed 2.2 per cent of sugar. The patient refused to enter the hospital, and was given twenty-four capsules of taka-diastase, to be taken one after each meal and at bedtime. He returned after a week, stating that after taking the first day's medicine he passed very much less urine and slept through the nights without being disturbed.

If one may summarize from such a small number of cases, it seems fair to state that the administration of taka-diastase to a diabetic has a tendency to alleviate all the symptoms; it decreases the amount of sugar for a time, but this finding is not constant, while it is undoubtedly true that even while the sugar increases during the administration of the drug, the symptoms are relieved. The drug has no untoward effects, although it was noted by the families of two patients that even when the symptoms were improving both patients seemed more depressed for a few days following the first administration of the drug, but this symptom soon passed away.

The drug must be continued to keep up its good effects, but the dose can be reduced and increased from time to time, as found necessary.—*Therapeutic Gazette*.

WHILE THE SYMPTOMS OF KIDNEY STONE may appear plain and unmistakable, it is not wise to cut down on the organ until the presence of stone has been clearly proven by shadowgraphs. More than one surgeon has opened a kidney expecting to find a stone only to meet with disappointment, the symptoms determining such an operation having an entirely different pathological import.—*Am. Jour of Dermatology*.

Records, Recollections and Reminiscences.

ANNUAL MEETING OF THE ASSOCIATION OF MEDICAL OFFICERS OF THE ARMY AND NAVY OF THE CONFEDERACY.

The time is rapidly approaching for the annual reunion of the United Confederate Veterans, and with its occurs at the same time at Little Rock, Ark., the annual meeting of this organization, which will hold its sessions during the three days beginning May 16th, next. The purposes of the assembling of the survivors of the Medical Staff of the Army and Navy of the Confederacy is in large part to collect and preserve the many important facts of the Medical and Surgical History developed in that great war in which they were active participants fifty wears ago.

Any member of the Medical Staff who can furnish anything along this line, or any Confederate Veteran who is now a Doctor of Medicine, or the son of a Confederate Veteran is most cordially invite to attend the meetings of the Association, and to participate in its work. Titles of papers, essays, etc., should be sent at early date as possible to the Secretary of the Association, Dr. A. A. Lyon, State Capitol, Nashville, Tenn.

The customary "Circular" setting forth specific details of the meeting, issued by the Secretary, has been unavoidably delayed somewhat this year, however the indications are that it will soon be forthcoming, and will be published in the next issue of this journal.

Dr. Edwin D. Newton, of Atlanta, Ga., who was officially connected with the staff of Gen. R. E. Lee, and is the only surviving medical member of that staff, is the President of the Association, and will preside over the sessions at Little Rock. From all indications the next reunion promises to be a very interesting occasion.

DESCRIPTION OF THE MODEL FOR THE PROPOSED
MONUMENT TO BE ERECTED TO SURGEON-
GENERAL SAMUEL PRESTON MOORE,
CONFEDERATE STATES ARMY.

Including a slight elevation of the ground, the monument to be from twenty to twenty-five feet in height, and consist of four parts:

(1) A base of fine-grain Richmond blue-gray granite, having three steps, each ten inches high.

(2) A round column-pedestal about nine feet high, four feet in diameter at base, slightly tapering to the top, consisting of pure white marble, smooth-dressed, but not polished. Around the top a carved band of laurel as a tribute to the services of the Surgeon-General and the Medical Department; below which is a carved frieze consisting of stars representing the thirteen States, connected by conventional representations of the battle flag. Countersunk panels convert the column into four faces. In the front panel an appropriate inscription to the Surgeon-General and the Medical Department; in one side panel, carved in elaborate detail, the Battle Flag, illuminated by a sunburst, signifying the glory of the flag and the soldiers who valorously upheld it; in the opposite side panel the Great Seal, symbolizing the Confederate States of America; in the reverse panel the dedicatory inscription.

(3) Surmounting the column-pedestal a bronze statue (seven feet in height) of the Surgeon-General, represented in executive capacity, having just received and read some official order or report, held in his left hand, pausing to deliberate upon the endorsement or reference to be made thereon. He is clothed in the full uniform of his official rank in the Confederate States Army.

(4) At the base of the column-pedestal, in front, but separate therefrom, a bronze group, life-size, of a Southern woman ministering to a wounded infantry private Confederate soldier, expressing the devotion of the women of the South.

Samuel Preston Moore, M. D., Surgeon-General of the Confederate States, was born in Charleston, S. C., in 1813, the son of Stephen West and Eleanor Screven (Gilbert) Moore, and grandson of Samuel Preston and Susanna (Pearson) Moore, and lineal descendant of Dr. Mordecai Moore, who accompanied (as his physician) Lord Baltimore when he came to this country. By marriage and descent he was intimately connected with the families of Thomas Lloyd, the first Deputy Governor of Pennsylvania under William Penn; and in West Virginia with the Moore, Jackson, Lowndes and Goff families. He had two brothers in the old United States Army—Col. West Moore, for many years Adjutant-General of Louisiana, and Dr. Charles Lloyd Moore, Surgeon.

Dr. Moore was educated in Charleston, S. C.; graduated in 1834; became assistant surgeon in the United States Army March 14, 1835; surgeon (with rank of major), April 30, 1849, and resigned February 25, 1861.

In June, 1845, he married Mary Augusta Brown, one of the daughters of Major Jacob Brown, United States Army, who was killed in the Mexican War, in 1846, at the place on the Texas side of the Rio Grande, which has since been known, in honor of him, as Fort Brown, or Brownsville. Gen. Stewart Van Vliet, United States Army, married the only other daughter (and child) of Major Brown.

Dr. Moore died at his residence, No. 202 West Grace Street, Richmond, Va., May 31, 1889, and was buried in Hollywood Cemetery.

The resolution to erect a monument to the memory of Surgeon-General Samuel Preston Moore was adopted by the Association of Medical Officers of the Army and Navy of the Confederacy, at Memphis, Tenn., June 9, 1909, and was as follows:

"Whereas, the outbreak of the War between the States found the South in all respects unprepared for a conflict of great magnitude and duration, save in high patriotism and valor; and

"Whereas, one of the greatest needs was an efficient Medical and Surgical Department; and

"Whereas, the work of the Medical and Surgical Department was increased and made more difficult by the early proclamation of the Federal Government declaring medicines, surgical instruments and appliances contraband of war, and became still more burdensome by the Confederacy soon becoming severed in every direction from the supplies of the world by the powerful fleets and armies of the enemy; and

"Whereas, Samuel Preston Moore, being regarded by President Davis as a surgeon of high merit, was called from retirement at his home at Little Rock, Ark., on the plea of performance of sacred patriotic duty, to assume the office of Surgeon-General of the Confederate States, in June, 1861, in which capacity he served continuously until the final surrender of the Confederate Army, devoting himself with singularity of purpose, great ability, energy and patience to the organization of an efficient medical and surgical corps of trained officers; the establishment of numerous commodious hospitals; of large laboratories for converting indigenous plants into pharmaceutical preparations; the manufacture of surgical instruments and appliances; in planning the establishment of hospitals for invalid soldiers, and for those afflicted with deformities as the result of wounds; in arranging for placing prison hospitals on the same footing as those for Confederate soldiers; the encouragement and aid of medical and surgical treatises, and of medical and surgical literature in general; the organization and conduct of the Association of Army and Navy Surgeons, and otherwise in discharging his manifold duties, encouraging and stimulating the zeal of his subordinates; and

"Whereas, under his able administration there were in the scantily clothed and poorly fed Confederate Army and Navy only about 1,000 surgeons and 2,000 assistant surgeons, without proper medicines and surgical instruments

and appliances, to care for an army consisting, from first to last, of not more than 600,000 troops, in deadly warfare with 2,859,132 troops of the Federal Army, supplied with the most modern equipment and arms, the most abundant clothing and food, and all that science and art could furnish in medicine and surgery; and

"Whereas, more than 3,000,000 cases of wounds and disease were cared for by the Medical Corps of the Confederate Army and Navy during the period of the war in maintaining the forces in efficient condition for service; and

"Whereas, in addition to the care of the 600,000 soldiers was the care of the 270,000 Federal soldier prisoners-of-war held in the hands of the Confederate Government on account of the stern war policy of the Federal Government of non-exchange of prisoners-of-war; and

"Whereas, history does not record greater patriotic, zealous, able and efficient services in the performance of high duty under difficult and trying circumstances than those rendered by the distinguished Surgeon-General of the Confederate States of America and the Medical and Surgical Department established by his thought and care;

"Now, therefore, Be it resolved by this Association of Medical Officers of the Army and Navy of the Confederacy, assembled in convention in the city of Memphis, Tenn., June 8, 9, 10, 1909, that in its judgment it is entirely fitting that the great work of SAMUEL PRESTON MOORE, Surgeon-General of the Confederate States of America, and the Medical and Surgical Department, should be appropriately commemorated by an enduring monument, to be erected in the city of Richmond, Va., the seat of government of the late Confederate States of American.

"And be it further resolved, that an appropriate committee be selected by this Association to formulate plans and devise ways and means for carrying out the purpose of this resolution—viz., to erect an appropriate monument as aforesaid, and that said committee is hereby required to

make report of progress at the next annual meeting of this Association.

"The United Confederate Veterans, United Sons of Confederate Veterans, United Daughters of the Confederacy, Confederate Southern Memorial Association, and all other Confederate organizations, and all medical societies, are invited to take part in bringing about the erection of this monument.

"Upon request information regarding co-operation of other organizations will be furnished by the chairman of the committee."

HEADQUARTERS UNITED CONFEDERATE VETERANS,
NEW ORLEANS, LA., June 13, 1910.

General Orders No. 4.

The General Commanding has great pleasure in promulgating the following resolution adopted at the Reunion held in Mobile, Ala., April 26, 27 and 28, 1910:

"*Resolved*, that this Federation of United Confederate Veterans hereby cordially endorses the action of the Association of Medical Officers of the Army and Navy of the Confederacy, in its resolution passed at their annual meeting at Memphis, Tenn., June 9, 1909, to erect a monument to Surgeon-General Samuel Preston Moore in the city of Richmond, Va.; and recommends the support of all Confederate organizations in aid of its accomplishment."

* * * * *

The General Commanding most earnestly and heartily commends the efforts to erect the monument to Surgeon-General Moore. It will prove not only the honor in which we held him and his medical and surgical corps, but will also prove of educational benefit in directing attention to other long-neglected departments of the Confederate Government. It will also direct attention more particularly to the fact that the War between the States was conducted by the Confederate Government on the highest plane of chivalry, humaneness and Christianity.

Therefore the General Commanding urges all Confederate organizations to give their cordial support and substantial aid to this most praiseworthy undertaking.

By command of GEO. W. GORDON,
General Commanding.

Official: WM. E. MICKLE,
Adjutant-General and Chief of Staff.

TESTIMONY OF PRESIDENT JEFFERSON DAVIS.

“Surgeon Samuel Preston Moore, an officer of recognized merit in the United States Medical Department, from which he had resigned to join the Confederacy, was appointed the Surgeon-General of the Confederate States Army. As in the case of other departments, there was in this a want of the stores requisite, as well for the field as the hospital.

"To supply medicines which were declared by the enemy to be contraband of war, our medical department had to seek in the forest for substitutes, and to add surgical instruments and appliances to the small stock on hand as best they could.

"It would be quite beyond my power to do justice to the skill and knowledge with which the medical corps performed their arduous task, and I regret that I have no report which would enable me to do justice to the officers of his corps, as well in regard to their humanity as to their professional skill."—*Vol. I., P. 310, Rise and Fall of the Confederate Government.*

EDITORIAL FROM THE RICHMOND TIMES-DISPATCH, SUN-
DAY, MAY 15, 1910.

"A STATUE TO A FORGOTTEN HERO.

"At the recent Confederate Reunion in Mobile the Veterans approved the plan of the Confederate Surgeons' Association to erect a monument in Richmond to the memory of Samuel Preston Moore, the Surgeon-General of the Confederate Army. The Veterans have seldom paid a more merited tribute to a great man, and the Confederate sur-

geons have never showed more appreciation for a true patriot than in this action.

"The history of the War Between the States has been a chronicle of battle. Volume after volume has been written on practically every campaign, until even the most minute details of the war are known of all men. This is as it should be, for never was there a prouder story to tell; but while we have not written too much military history, we have certainly written too little civil history. The long struggle of the Confederate Congress to meet the impossible demands of the military situation, to finance the government, to secure recruits for the army, and to counteract the hostile blockade, makes up as thrilling and interesting a chapter as the narrative of any great battle. In the same way, the heroism of the men engaged in the ordnance service and the inestimable services of Joseph Gorgas, 'who created artillery from nothing,' should be remembered as well as the fights which his ordnance made possible.

"It is safe to say that none of the men who served in the departments was truer to his duty and greater in his service than Dr. Moore, in whose honor the monument is to be erected. Moore was a South Carolinian of distinguished stock, a surgeon in the old army, and one of the best men connected with the War Department in Washington. When South Carolina seceded he was quick to join her, and when the Confederacy was established Mr. Davis appointed him as Surgeon-General. Moore accepted the place, and soon demonstrated the wisdom of the President's selection.

"He had nothing with which to establish a hospital service, and nothing with which to equip the surgeons in the field; yet during the four years of the war he furnished tons of supplies, built dozens of hospitals, established a complete service, and supplied the drugs that saved thousands of sick and wounded men. When the blockade cut off practically all foreign commerce; Moore devised home remedies that took the place of imported drugs; when his

hospitals were destroyed he built new ones; when surgical instruments wore out he manufactured others in Richmond .

"The Confederate hospital service which Moore established was not perfect, in the very nature of things, but it was a wonderful institution, considering the difficulties which were encountered. What it was it was largely through the efforts of Moore and Charles H. Smith, his splendid assistant. The monument to the former should bear an inscription to the latter, and a tribute to the brave men and women who endured the hardships of field and hospital service in order that they might bring solace to the wounded and comfort to the dying."

The Monument Committee of the Association of Medical Officers of the Army and Navy of the Confederacy is composed of the following:

Chairman.—Samuel E. Lewis, Assistant Surgeon, Washington, D. C.

Alabama.—J. C. Abernathy, Surgeon, Birmingham; J. C. W. Steger, Surgeon, Gurley; J. G. Wilson, Demopolis, E. H. Sholl, Assistant Surgeon, Birmingham.

Arkansas.—James M. Keller, Medical Director, Hot Springs; Grantt A. Hogg, Assistant Surgeon, Altheimer.

Florida.—G. O. Brosnahan, Assistant Surgeon, Pensacola.

Georgia.—E. D. Newton, Surgeon, Atlanta; K. C. Devine, Atlanta; J. J. Knott, Atlanta; F. R. Calhoun, Surgeon, Cartersville; R. Y. Rudicil, Surgeon, Summerville; E. A. Flewellen, Surgeon, The Rock.

Kentucky.—W. F. Beard, Surgeon, Shelbyville; Charles H. Todd, Assistant Surgeon, Owensboro; Wm. Martin, Kingston; Rev. Geo. B. Overton, Chaplain, Louisville.

Louisiana.—C. H. Tebault, Surgeon, New Orleans; S. E. Chaille, Surgeon, New Orleans; Ernest S. Lewis, Surgeon, New Orleans; D. H. Key, Assistant Surgeon, Monroe;

W. E. Brickell, Surgeon, New Orleans; J. D. Elliott, New Orleans.

Mississippi.—G. C. Phillips, Surgeon, Lexington; Joel C. Hall, Surgeon, Anguilla; Henry Christmas, Assistant Surgeon, Tchula.

North Carolina.—J. D. Croom, Maxton.

South Carolina.—Peter B. Bocat, Florence; Francis L. Parker, Surgeon, Charleston; Rev. T. A. Potter, Chaplain, Charleston.

Tennessee.—Deering J. Roberts, Surgeon, Nashville; John S. Cain, Surgeon, Nashville; G. B. Thornton, Surgeon and Medical Director, Memphis; J. D. Plunkett, Assistant Surgeon, Nashville; T. E. Prewitt, Assistant Surgeon, Grand Junction; G. M. Burdett, Surgeon, Lenoir City; A. A. Lyon, Surgeon; Nashville; Rev. J. H. McNeilly, Chaplain, Nashville.

Texas.—W. J. W. Kerr, Assistant Surgeon, Corsicana; J. M. Fry, Wills Point; J. W. Hunter, Assistant Surgeon, Waco.

Virginia.—C. W. P. Brock, Surgeon, Richmond; John R. Gildersleeve, Assistant Surgeon, Tazewell; J. F. Tip-ton, Surgeon, C. S. N., Roanoke; Blair Burwell.

Executive Committee.—Samuel E. Lewis, M. D., Washington, D. C.; J. C. Abernathy, M. D., Birmingham, Ala.; James M. Keller, M. D., Hot Springs, Ark.; G. O. Brosnahan, M. D., Pensacola, Fla.; E. D. Newton, M. D., Atlanta, Ga.; W. F. Beard, M. D., Shelbyville, Ky.; C. H. Tebault, M. D., New Orleans, La.; G. C. Phillips, M. D., Lexington, Miss.; J. D. Croom, M. D., Maxton, N. C.; Peter B. Bacot, M. D., Florence, S. C.; Deering J. Roberts, M. D., Nashville, Tenn.; W. J. W. Kerr, M. D., Corsicana, Tex.; C. W. P. Brock, M. D., Richmond, Va.

SAMUEL E. LEWIS, *Chairman.*

1418 Fourteenth St., N. W., Washington, D. C.

Reviews and Book Notices.

MALARIA AND ITS MANIFESTATIONS: A CAREFUL STUDY AND PRESENTATION OF THE SUBJECT. By J. H. McCurry, M. D., Grubbs, Ark., 12mo., pp. 177. Cloth. Price, \$1.00. S. C. Toof & Co., Publishers, Memphis, Tenn 1910.

This little book is the result of a close and personal observation and a thorough search and investigation of various authorities and able articles of importance on malaria, and presents valuable and practical information on the subject. The various forms of malaria are carefully considered, its etiology, prophylaxis and treatment fairly presented, and the whole subject very fully stated in a readable and practical way.

CLINICAL TREATISE ON INEBRIETY. By T. D. Crothers, M. D., Superintendent of Walnut Lodge Hospital, Hartford, Conn.; Editor of the *Journal of Inebriety*; Author of "Morphinism" and "Narcomania, Drug Habits and Their Treatment," etc.; Recording Secretary of the American Medical Society for the Study of Alcohol and Other Narcotics; Member of the American Medical Association, the British Medical Association, Honorable Member of the British Society for the Study of Inebriety, etc., etc. 8vo.; cloth; pp. 365. Price, \$3.00, express prepaid. Harvey Publishing Co., Medical Book Publishers, Merchants' Building, Cincinnati, O. 1911.

This is the first scientific work and study of the great alcoholic problem by an American writer in which the subject is treated entirely from its scientific side, regardless of opinions or theories, but based on facts which have been gathered from long experience and careful examination.

The author, Dr. T. D. Crothers, is without doubt the most widely known medical man as a student of this subject in America. His practical experience, extending over thirty-five years as the manager of a hospital for inebriates and a scientific student of this subject, gives the assurance of a very broad and practical knowledge of the alcoholic problem. He is one of the few men in this country who has both a national and international reputation, and is known as one of the most eminent students of the alcoholic problem now living.

The disease of inebriety and its cure and prevention is now recognized as an established fact in science, and this book gives an outline of what this disease is and how it can be treated. It appeals to physicians to make the alcoholic problem a study and become teachers and students, and in this way contribute to the solution of one of the greatest problems of the new century.

We are confident that this book will open a new field of inquiry and practice for the medical man and materially aid in the promotion of a thorough scientific study of the facts, which so far have been largely in the hands of irregulars and persons unacquainted with the significance and meaning of this great psychological and hygienic problem of the age.

Editorial.

TENNESSEE STATE MEDICAL ASSOCIATION.

The seventy-eighth annual meeting of the Tennessee State Medical Association will be held in the Assembly Room of the Hermitage Hotel, in this city, on Tuesday, Wednesday and Thursday, April 11th, 12th, and 13th inst. From the following unusually large and attractive program, a most satisfactory and enjoyable meeting is well assured.

The address of the President, Dr. John A. Witherspoon, is arranged for the evening session of Wednesday. The House of Delegates will hold its sessions from time to time during the three days as heretofore established.

PROGRAM.

1. "Intestinal Indigestion. What Is It? What Causes It? What Are Its Diagnostic Signs and Symptoms? How Should It Be Treated?" Chas. P. McNabb, M. D., Knoxville.
To open discussion, O. H. Wilson, M. D., Nashville.
2. "Some Remarks upon Cancer, with Especial Reference to Cancer of the Breast." Holland M. Tigert, M. D., Nashville.
To open discussion, L. E. Burch, M. D., Nashville.
3. "The Treatment of Peritonitis." Richard A. Barr, M. D., Nashville.
To open discussion, S. M. Miller, M. D., Knoxville.

4. "Radium," G. P. Edwards, M. D., Nashville.
To open discussion, Dr. Geo. H. Price, M. D., Nashville.
5. "Light: The Right and the Wrong Kind." H. E. Geotz, M. D., Knoxville.
To open discussion, G. C. Savage, M. D., Nashville.
6. "Pneumothorax." Joe Clifton, M. D., Hickory Valley.
To open discussion, K. S. Howlett, M. D., Franklin.
7. "Eye-Strain; the Results of Accurate Refractive Work." Thos. F. Staley, M. D., Bristol.
To open discussion, H. B. Kincaid, M. D., Memphis.
8. "Spina Bifida, Based on Seven Operations." B. B. Cates, M. D., Knoxville.
To open discussion, Jere L. Crook, M. D., Jackson.
9. "Fractures of the Tibia." Paul F. Eve, M. D., Nashville.
To open discussion, Cooper Holtzclaw, M. D., Chattanooga.
10. "C. C. C." C. C. Mason, M. D., Maryville.
To open discussion, Kahle Donoho, M. D., Knoxville.
11. "Diet in Typhoid Fever." K. P. Elam, M. D., Idol.
To open discussion, O. R. Tomlinson, M. D., Tate Springs.
12. "Periodic Alcoholism, the Influence of Intestinal Toxemia in Bringing on a Spree." Geo. E. Petty, M. D., Memphis.
To open discussion, Chas. P. McNabb, M. D., Knoxville.
13. "Significance and Surgical Treatment of Uterine Displacements." R. M. McCown, M. D., Knoxville.
To open discussions, J. A. Gaines, M. D., Nashville.
14. "Pellagra, with Report of Case." Enoch H. Jones, M. D., Murfreesboro.
To open discussion, J. M. King, M. D., Nashville.
15. "The Relationship of Food to Disease." E. A. Timmons, M. D., Columbia.
To open discussion, R. W. Billington, M. D., Nashville.
16. "Ophthalmia Neonatorum from the Standpoint of an Obstetrician." Elizabeth C. Kane, M. D., Memphis.
To open discussion, M. C. McGannon, M. D., Nashville.
17. "The Traumatic Neuroses Resulting from Alleged or Actual Injury as Viewed by the Medico-Legal Expert." Raymond Wallace, M. D., Chattanooga.
To open discussion, Duncan Eve, M. D., Nashville.
18. "Chronic Affections of the Hip." W. C. Campbell, M. D., Memphis.
To open discussion, S. R. Miller, M. D., Knoxville.
19. "Too Much Medicine for the Good of the People." John P. Blankenship, M. D., Maryville.
To open discussion, J. T. Hardison, M. D., Lewisburg.

20. "The Diagnosis of Tumors of Bones." R. J. McFall, M. D., Cumberland City.
To open discussion, M. L. Hughes, M. D., Clarksville.
21. "Fibroid Tumors of Uterus or Appendicitis." J. Hugh Carter, M. D., Memphis.
To open discussion, W. D. Haggard, M. D., Nashville.
22. "Diagnosis and Treatment of Acute Inflammatory Glaucoma." Walter Dotson, M. D., Gallatin.
To open discussion, T. H. Wood, M. D., Nashville.
23. "Report of Cases." Duncan Eve, M. D., Nashville
To open discussion, Cooper Holtzclaw, M. D., Chattanooga.
24. "Two Outbreaks of Typhoid Fever in an Institution Traced to Bacilli Carriers." Thos. Weaver, M. D., Nashville.
To open discussion, Wm. Litterer, M. D., Nashville.
25. "Dysentery: Children." Wm. A. Reed, M. D., Livingston.
To open discussion. J. T. Moore, M. D., Algood.
26. "Traumatic Perforation of Abdominal Viscera." W. M. McCabe, M. D., Nashville.
To open discussion, R. E. Fort, M. D., Nashville.
27. "The Present Status of X-Ray in General Diagnosis and Treatment." Hazle Padgett, M. D., Nashville.
To open discussion, W. S. Lawrence, M. D., Memphis.
28. "Sarcoma of Stomach, with Report of Case and Exhibition of Patient." John Overton, M. D., Nashville.
To open discussion, Richard Barr, M. D., Nashville.
29. "The Practice of Medicine as a Business, or Pulling Up Stream." J. S. Rawlins, M. D., Dancyville.
To open discussion, H. Berlin, M. D., Chattanooga.
30. "Practical Laboratory Work for the General Practitioner." Newton Evans, M. D., Nashville.
To open discussion, W. S. Farmer, M. D., Cookeville.
31. "The Significance of the Tongue in Diagnosis." H. E. Christenberg, M. D., Knoxville.
To open discussion, Chas. P. McNabb, M. D., Knoxville.
32. "Sero-Fibrinous Pleurisy, and Report of Cases." J. T. Moore, M. D., Algood.
To open discussion, W. J. Breeding, M. D., Ravenscroft.
33. "Lobar Pneumonia and Its Treatment in its Various Stages." I. R. Osteen, M. D., Ashport.
To open discussion, Frank A. Jones, M. D., Memphis.
34. "Infectious Poly Myositis." S. M. Yancey, M. D., Dayton.
To open discussion, J. R. Gillespie, M. D., Dayton.
35. "The Use of Normal Salt Solution." C. N. Cowden, M. D., Nashville.
To open discussion, Jere L. Crook, M. D., Jackson.

36. "The Treatment of Cancer of the Skin and Mucous Membranes." J. M. King, M. D., Nashville.
To open discussion, L. L. Sheddan, M. D., Knoxville.
37. "The Disease and the Man." Wm. B. St. John, M. D., Bristol.
To open discussion, Frank J. Runyon, M. D., Clarksville.
38. "Ear Ache." J. F. Hill, M. D., Memphis.
To open discussion, G. C. Savage, M. D., Nashville.
39. "Adenoids and Their Complications." J. H. Chism, M. D., Carthage.
To open discussion, C. D. Robins, M. D., Gordonsville.
40. "The Duty of the Country Physician to the Mother and Child." H. C. Curtis, M. D., Algood.
To open discussion, Sam Bloomstein, M. D., Nashville.
41. "Salvarsan (606) and the Wasserman Reaction in Sixty Cases of Syphilis." Wm. Litterer, M. D., Nashville.
To open discussion, J. W. Handley, M. D., Nashville.
42. "Surgical Treatment of Posterior Displacements of the Uterus." W. S. Anderson, M. D., Memphis.
To open discussion, L. W. Haskell, Jr., M. D., Memphis.
43. "Submucous Resection of the Nasal Septum." E. C. Ellett, M. D., Memphis.
To open discussion, J. McC. Hogshead, M. D., Chattanooga.
44. "When Does the Gonorrheic Cease to Be Infectious?" C. F. Anderson, M. D., Nashville.
To open discussion, E. M. Sanders, M. D., Nashville.
45. "Infection of the Female Generative Tract Following Labor at Term, Abortion or Miscarriage." E. Dunbar Newell, M. D., Chattanooga.
To open discussion, J. T. Altman, M. D., Nashville.
46. "Treatment of Syphilis with '606.'" W. Frank Glenn, M. D., Nashville.
To open discussion, J. W. Handley, M. D., Nashville.
47. "How to Succeed in the Practice of Medicine." T. M. Roberts, M. D., Sweetwater.
To open discussion, S. R. Miller, M. D., Knoxville.
48. "Injuries of the Head." Duncan Eve, Jr., M. D., Nashville.
To open discussion, Jere L. Crook, M. D., Jackson.
49. "Hernia of the Diaphragm. With Report of Two Cases." C. Holtzclaw, M. D., Chattanooga.
To open discussion, W. D. Haggard, M. D., Nashville.

VIVISECTION.

Bills concerning vivisection having been introduced by members of the New York Legislature, on March 7th a joint hearing was held

by the Senate Judiciary and the Assembly Public Health Committee at Albany, Dr. Herbert Snow, of London, and Mr. Frederick Bellamy supporting, and Drs. Simon Flexner, Jas. Ewing, Wm. H. Park, and W. B. Cannon speaking against the passage of the bills. On March 9th, under the auspices of the League for Political Education, a meeting was held at the Berkeley Lyceum, in New York City, in which Dr. Woods Hutchinson and Dr. Herbert Snow discussed the subject of vivisection and its value to medicine.

In the Legislature of Pennsylvania two bills have been introduced, both directed against animal experimentation—one prohibiting experiments on living animals except for the purpose of healing or curing the same; and the other looking to the prohibiting of the administration of *curare* to animals.

Several of the leading New York newspapers, together with *Life*, an illustrated weekly, are opposing animal experimentation; while, on the other hand, their vacuous and flimsy arguments are being met by quite a number of able and progressive publications of secular character. Notably *Puck*, in its issue of February 22nd, gives a full double-page cartoon which speaks volumes in behalf of a measure that has been so beneficial to suffering mankind. Furthermore, others are promised in future issues.

Collier's Weekly of March 4th *ult.* has the following article, which we quote entire, headed "Loose Again:"

"Because a woman, crazy about cats, subsidized a lawyer and a press agent for an indefinite length of time, the State of New York must face every year some bill aimed at scientific research. There are various organizations of this type, varying in the amount of absurdity and of harm. The Society for the Prevention of Cruelty to Animals has possibly put an end to its usefulness by swinging over to the antiexperiment camp. The act which has been introduced this year shows that the American societies, defeated again and again, have taken a lesson from England and are now asking for investigation instead of restriction. Pasteur and Koch could not have done their work as the British law stands today. Of course, investigation is a plausible term. As a matter of fact, what the opponents of scientific progress object to is experiments which are fully set forth in scientific publications. Investigation would be a mere form of sentimental agitation. The scientists make no concealment of what they are doing. On the contrary, they give it all the publicity they can obtain. We can hardly believe that the present is a favorable moment for these dangerous sentimentalists to succeed. The death rate from meningitis only two or three years ago was from seventy to eighty per cent. Now the rate, counting all cases, is twenty-five per cent, and in the cases where the serum is given it runs as low as six to eight per cent. Among those cases which were called cured

before the serum was discovered were the long-drawn-out and most painful ones, which left imbecility or some frightful deformity. These cases now have absolutely disappeared. As this triumph over one of the most terrible and agonizing diseases, from which the principal sufferers are children, is so fresh in the mind of the public, it hardly seems possible that a backward step should be taken. Dr. Flexner and the Rockefeller Institute, in conquering meningitis, used twenty-five monkeys and about two hundred guinea-pigs and rabbits.

"There is one dreadful and destructive disease which men hesitate to name. It struck down not only the guilty, but millions of innocent women and millions of innocent children. That disease has within a few months been mastered by a drug, the most perfect drug antidote in the world. The cost of conquering this disease was a few rabbits and a few mice.

"Dr. Carrel, only a short time ago, perfected the delicate operation of transfusion of blood, which is now saving many lives. The cost here was a few kittens. The societies would much rather have had the kittens put into a bag and thrown into the river.

"Infantile paralysis filled this country with terror a few months ago. The experiments which have taken place since then mean that this disease will be handled much better next summer, and there is every promise that before long it will be exterminated. Doubtless in the process a few animals will meet their death in the service of science, instead of in an ordinary form. There are a number of mice now suffering from cancer in order that one of the most deadly and most painful of diseases may be conquered. The Society for the Prevention of Cruelty to Animals ought to bend all of its energies to stopping the men of science from making any use of these mice. If they do not successfully interfere, it is likely that cancer may be conquered as thoroughly as diphtheria, which has been reduced from one of the most destructive scourges of children to a point where, if the antitoxin is taken in the first twenty-four hours, the death rate is only about one and a half per cent.

"A fight is going on against the gipsy moth, the hookworm, and other well-meaning inhabitants of the globe. We suggest that bills be introduced by humanitarians into all the Legislatures to protect these guiltless creatures. Rats are unpopular just now because of the fact that they carry the bubonic plague and other diseases. There ought to be organized at once a society for the protection of rodents.

"The more reasonable these bills may be made to sound, the more chance there is that they may accomplish some unspeakably fatal blow against the human race. There are laws now in plenty forbidding cruelty. The great institutions which are specially aimed at by the cranks, like the Rockefeller Institute, are in the hands of men who

are spending their lives in the cause of solid and real kindness. Shall we take away from splendidly equipped experts of devoted character the right to judge what experiments are necessary, and put the question into the hands of some fool committee made up of persons in whom hysterical excitement takes the place of knowledge?

"The sort of 'doctor' the antiexperiment geniuses are able to enlist is fairly represented by Herbert Snow, now over here as a loan from England, who sent us Coleridge before, and also Diana Belais. Snow admitted on examination before the English Royal Commission that his "knowledge was rather rusty," and that his impressions were based on ordinary newspapers rather than on scientific journals. Other physicians in these ranks are Dr. Arabella Kenealy, better known to fame as author of 'Molly and Her Man-of-War' and 'Some Men Are Such Gentlemen;' Dr. W. Gordon-Stables, author of 'In the Dashing Days of Old' and 'The Pirates' Gold;' Dr. W. R. Hadwen, who, as he says of himself, 'finds his recreation in changing his occupation;' Dr. Edward Berdoe, author of 'Browning and the Christian Faith;' Dr. J. D. Buck, author of 'Why I Am a Theosophist;' Dr. Stephen Townesend, who created roles in 'Sowing the Wind' and 'Slaves of the Ring.' Such are the 'doctors,' otherwise unknown to fame, whom the antiexperiment societies collect, supplementing their opinions with forged quotations from great men, or quotations taken from works published before bacteriology was born, and now reprinted without date."

The practice of vivisection and animal experimentation can be traced back to almost the earliest period of medicine and surgery, and was in vogue in the days of the Alexandrian school. The British Medical Association in 1871 adopted the following resolutions: 1. That no experiment which can be performed under the influence of an anæsthetic should be done without it; (2) no painful experiment is justified for the mere purpose of illustrating a law or fact already demonstrated; (3) whenever, for the illustration of a new truth, it is necessary to make a painful experiment, every effort should be made to insure success, so that the suffering inflicted may not be wasted—that, therefore, no painful experiment ought to be performed by an unskilled person or in an unsuitable place; (4) operations should not be performed on the living animal for the purpose of obtaining manual dexterity.

Among its many beneficent results may be mentioned a few, such as a more practical knowledge of the circulation of the blood, the existence of the lacteals, a better knowledge of the nervous system, the successful treatment of certain cases of epilepsy, the causes of the sounds of the heart, without which the stethoscope would have been useless in the correct diagnosis of cardiac lesions, the true nature of diabetes, the Hunterian treatment of aneurism by ligature,

which has saved many human lives, a correct knowledge of anesthetics, many facts in toxicology, the best means of restoring to life persons apparently drowned, to which might be added scores and scores of instances in the correct practice of medicine, surgery and obstetrics. The efforts to restrict vivisection are only comparable to absurd laws that at no very distant date were to be found restricting and preventing anatomical dissection, and yet physicians were at the same time considered culpable for want of a knowledge of the human frame that could only be obtained by dissection. Verily, "*what fools these mortals be!*"

Danger Due To Substitution.—Hardly another of all the preparations in existence offers a wider scope to imposition under the plea of "just as good" than the scientifically standardized Eucalyptol. The most recent fraud practiced in regard to this product is an attempt to profit by the renown of the firm of Sander & Sons. In order to foist upon the unwary a crude oil, that had proven injurious upon application, the firm name of Sanders & Sons is illicitly appropriated, the make-up of their goods imitated, and finally the medical reports commenting on the merits of their excellent preparation are made use of to give the desired lustre to the intended deceit. This fraud, which was exposed at an action tried before the Supreme Court of Victoria, at Melbourne, and others reported before in the medical literature, show that every physician should see that his patient gets exactly what he prescribes. No "Just as Good" allowed.

A Valuable Local Anesthetic in Ano-Rectal Surgery.—In view of current interest in quinine and urea hydrochloride as a local anesthetic, a report of Dr. Louis J. Hirschman, of Detroit, which appeared in a recent number of the Cincinnati *Lancet-Clinic*, has peculiar pertinency. Dr. Hirschman reports a total of 102 operations, comprising acute thrombotic hemorrhoids, internal hemorrhoids, interno-external hemorrhoids, external hemorrhoids, fistula in ano, perineal abscess, fissure in ano, excision of scar tissue, Ball's operation (pruritus ani), hypertrophied papillæ, and inflamed Morganian crypts. Perfect results were obtained in every case so far as operative anesthesia was concerned, and in but seven cases was there any post-operative pain. The doctor uses the one-per-cent. solution in all of his cases of ano-rectal surgery when suturing of the skin is required. The technique of administration is the same as that with weak solutions of cocaine and eucaine.

Dr. Hirschman believes that the substitution of quinine and urea hydrochloride for any of the other anesthetic salts hitherto employed will prove eminently satisfactory in all cases of ano-rectal surgery in which suturing of the integument is not required. He sums up

its advantages as follows: It is soluble in water; it can be sterilized; it is equal to cocaine in anesthetic power; it is absolutely non-toxic; it has a pronounced hemostatic action; it produces persistent anesthesia; it is inexpensive.

Quinine and urea hydrochloride, in one-per-cent. sterilized solution, is supplied by Parke, Davis & Co. in sealed glass ampoules of five cubic centimeters capacity. An ampoule is opened by breaking off the tip, when the hypodermic needle can be inserted in the neck of the ampoule and the solution drawn into the syringe. Parke, Davis & Co., by the way, issue a sixteen-page brochure on "Local Anesthesia with Quinine and Urea Hydrochloride" which should be in the hands of every physician and surgeon. The pamphlet details fully the uses of the new anesthetic, explains the technique of administration, and contains some valuable case reports. A copy may be obtained by writing the company at its home offices in Detroit.

LIPPINCOTT'S FOR APRIL.—The fact that the April *Lippincott's* contain a new complete novel by Will Levington Comfort, author of "Routledge Rides Alone," is sufficient to make the magazine of extraordinary interest to the thousands who have enjoyed that "best-selling" book. Mr. Comfort's new novel is called "The Rising Road," and it is characterized by the same strength of plot, vivid scenic effects, and excellent character-drawing which earned for "Routledge" its well-deserved popularity. The scenes are laid in an island of the Philippines, where the natives are in revolt against the American occupation. The leader of the Filipinos is a renegade Spaniard, with whose daughter the American hero is in love. The road they traverse to happiness is a thorny one, but all turns out happily in the end, nor would the reader have it otherwise.

There are seven short stories in the issue, and all are so good that it is hard to pick out any that are worthy of special mention. "The Heel of Achilles" is by John Reed Scott, author of "The Colonel of the Red Huzzars," "Beatrice of Clare," "The Impostor," etc. "The Other Fat Lady—and Me" is an amusing story of child life, by Augusta Kortrecht, who wrote "A Dixie Rose." Then there are "Through the Window," by Will Irwin; "The Avoided Visit of Carolyn," by Maude Zella Herrick; "It," by Nan Maury Lemmon; "Light Running," by Mark F. Wilcox; and "The Mote in the Eye," by Gertrude Morrison.

Edwin L. Sabin contributes a humorous and memory-invoking sketch called "In Defense of Spring." Forbes Lindsay, in "A Harvest of Tares," comments on a vital situation of international importance. Colonel Willard French is twice represented, by "Speaking of Conservation—Forest Fires!" and "Parting with Politics," Joseph

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umber of times.

There is no question that the lozenge is a form of medication which will not soon become obsolete. Like the gargle it exerts a direct influence upon the tissues with which it comes in contact, but it has the additional advantage of being more convenient in its application.

This new cough lozenge gives good results in practically every kind of cough and should be a valuable ally of the doctor this winter. We have seen, more than once, a very stubborn cough yield to it after other medication proved of no value. One of its features is that an elixir, suitable for use in pediatric practice, may be made with it extemporaneously, by dissolving two to four lozenges in two drachms of glycerin and two drachms of aromatic elixir. Of this twenty drops may be given as often as required.

The Abbott Alkaloidal Company will be pleased to send a circular of particulars and a trial package of the lozenges to any doctor who wants to try them before buying or prescribing.

GRIPPAL COUGH, LARYNGITIS, BRONCHITIS.—In these affections, antikamnia is indicated for two reasons: First, because of its absolute power over pain, at once removing this element of distress and placing the whole system in the best possible condition for a speedy recovery. And second, because of its power to control inflammatory processes, lowering the fever by its peculiar action on the nervous system. Codeine is strongly indicated because of its power as a nervous quietant, often quickly and completely controlling the cough. In nervous coughs, irritation of the throat, laryngitis, bronchitis, and phthisis, where the cough is altogether out of proportion to the amount of expectoration, antikamnia and codeine tablets will give prompt satisfaction. In fact, in cases of nervous coughs, irritable throat, so commonly attendant upon influenza and la grippe, as well as in sub-acute laryngitis and slight bronchitis, this tablet alone will often so control the cough that the disease rapidly subsides. This is not strange when we remember that nothing could keep up this irritation more than constant coughing. In the more severe cases of bronchitis and in phthisis, the patient is not only made more comfortable, but the disease itself is brought more directly under control by checking the excessive coughing, relieving the pain and bringing the temperature down to the normal standard.

THE TEST OF A TONIC.—The field and function of a systemic tonic is generally understood and appreciated by both physician and patient. To stimulate, whip or goad the vital processes is not to "tone," but, on the contrary, to ultimately depress. A real tonic is not a mere "pick-me-up," but some agent that adds genuine strength, force

and vigor to the organism. The genuine tonic is a builder or re-
constructor of both blood and tissue. Any agent which will increase
the power of the blood to carry and distribute the life-giving oxygen
is a tonic in the best and truest sense of the word. Iron in some
form is an ideal tonic, as it builds up the vital red cells of the blood
and the hemoglobin, which is their essential oxygen-carrying element.
Of all forms of iron, none is quite as generally acceptable and readily
tolerated and assimilable as Pepto-Mangan (Gude). It creates appe-
tite, tones up the absorbents, builds the blood, and thus is a real
tonic and reconstructive of high order. It is especially desirable be-
cause of its freedom from irritant properties, and because it never
causes a constipated habit.

COTTON SEED OIL AS A NUTRITIVE.—Nutromul (Brown's Cotton
Seed Oil Emulsion) possesses two features that lift it far above the
average list of tissue foods and reconstructives—two features which
should at once gain the favorable consideration of physicians alert to
discover new therapeutic agents of promise. These features are un-
questionable effectiveness and palatability. Nutromul is an emulsion
of cotton seed oil with the hypophosphites. Cotton Seed Oil, by rea-
son of its unexcelled nourishing properties, has come into wide vogue
as a tissue food, its main province of usefulness being in protracted
convalescence, such as infrequently follows la grippe and pulmonary
inflammations, and in those diseases marked by tissue waste. Coupled
with a carefully chosen dietary and mode of living, Nutromul
has proven to be of great service in tubercular states. Its palata-
bility permits its administration over a long period of time without
distress to the gastric apparatus. A sample package may be had
by sending your professional card to the Nottoc Laboratory, Atlanta,
Ga.

FORCED TISSUE FEEDING.—To accomplish this, the logical plan is
to adopt a food product of proven merit—one that is easily digested
and which adds power to the tissue. Nutromul (Brown's Cotton Seed
Oil Emulsion) does this as nothing else, and in all conditions of tissue
waste and dissipated vitality, it is the food agent above all others.
It feeds strength to debilitated structures and once more charges
them with normal resistance. Cotton Seed Oil contains more nourish-
ing qualities than any other product at the profession's command. An
emulsion of it, fortified by the hypophosphites, as represented by Nu-
tromul, is worthy every physician's attention. The Nottoc Labora-
tory, Atlanta, Ga., will gladly furnish any reputable medical man
with liberal samples upon request.

SYPHILITIC DERELICTS.—The nervous distress of syphilitic derelicts is not the least of their trials, and it is urgent that relief be afforded them. *Passiflora Incarnata* (Daniel's Concentrated Tincture) is meeting with great success in subduing syphilitic nervous manifestations, in many instances being used conjointly with the usual anti-luetic treatment. Daniel's *Passiflora* has such a marked influence in these cases, and is so free from the usual untoward effects of bromides and chloral, that it is little wonder that it is forcing the latter from their former high positions in the therapeutics of nervous disorders. The reader, if a medical man, may receive a sample by addressing the Laboratory of John B. Daniel, Atlanta, Ga.

A PERFECTLY WELL. HAPPY, GROWING BABY is the result of a properly balanced food. Clean, fresh, raw milk is the ideal basis for such a diet.

Modify this milk with Mellin's Food and you have a food that is balanced so nicely that the infant's proper development is assured. Write to Mellin's Food Co., 291 Atlantic Avenue, Boston, Mass., and they will send you "*The Mellin's Food Method of Percentage Feeding*"—an original work of 183 pages—from which a physician can obtain at once, without the necessity of making calculations, any desired percentage of proteids, fats, and carbohydrates to suit the individual case.

TEDIOUS CONVALESCENCE.—The tediousness of convalescence of la grippe and pneumonia shows with what force the disease has attacked the tissues of the body and to what low ebb it has brought the vital powers. If convalescence is to be shortened and the ability of the body to resist tuberculous processes is to be added to, resort must be had to such agents as will feed the tissue and make blood. For this purpose Cord. Ext. Ol. Morrhuæ Comp. (Hagee) holds high favor with the profession. A palatable preparation of cod liver oil, to which are added the hypophosphites. Hagee's Cordial of the Extract of Cod Liver Oil Compound is not surpassed as a tissue food.

A BRONCHIAL SEDATIVE.—The need for a bronchial sedative in la grippe is frequently indicated, for the cough of this disease is not the least troublesome of its symptoms. Those using Pruni-Heroin (Wytttenbach) for irritations of the laryngeal, pharyngeal and bronchial mucosæ have had demonstrated to their complete satisfaction that this agent is of marked utility in grippal coughs and that it may be administered with little fear of disappointment. It is a most efficient sedative to the air passages. For sample address Wytttenbach Chemical Co., Evansville, Ind.

"PARALDEHYD" possesses many of the good without the evil qualities of chloral. Used in insomnia resulting from various causes. The objectionable taste of the chemical is, to a great extent, disguised in Robinson's Elixir Paraldehyd (see ad, page 17), which is an elegant preparation.

CAMPHO-PHENIQE, in liquid form, is an acknowledged *premier* in the field of antiseptics for all cases of minor and major surgery. In powder, it is a superior dry dressing for cuts, burns, ulcers and all superficial wounds.

Selections.

NEURALGIA.—Geo. F. Butler, in *Therapeutic Medicine* for October, asserts that in the treatment of neuralgia, whatever has the greatest effect in invigorating the system and restoring all the functions of the body will be most uniformly of the greatest service in the treatment. Among the drugs which are commonly employed for the relief of these conditions, we have various combinations of the coal tar products with the bromides and caffeins, and among the older drugs aconitin, gelseminin, and cannabis indica, next to the coal tar products are greater than any other drugs in their ability to relieve neuralgic pain, whether the neuralgia be mild in character or severe as that met with in migraine. Then, too, it is not to be forgotten that in many cases of neuralgia depending upon poor circulation and nervous exhaustion, full doses of strychnine will produce valuable results, although they cannot be relied upon to be of any permanent advantage when disconnected from the supporting treatment. Cicutin is another valuable drug in the neuralgia affecting chlorotic girls. Gelseminin is especially valuable in congestive neuralgia, and in diathetic and intercostal neuralgia aconite and asclepidin are invaluable remedies. In the neuralgia of exhaustion, both strychnin and atropin are valuable. A combination of remedies, without doubt of much value in various neuralgias

depending upon malarial intoxication, and also good for neuralgic pains not arising from this cause, is the combination of a few grains of quinine with a minute dose of morphine, the only difficulty with this treatment being that the patient is apt to become addicted to the morphine. Another drug of great value in certain forms of neuralgic pains, particularly in the head, is chloral, and butyl chloral hydrate is especially valuable in facial neuralgia and neuralgia from various teeth. Chloral itself will often prove of singular service when other remedies have failed. In all persons with atheromatous blood vessels and high arterial tension who suffer from violent neuralgic pains affecting the fifth nerve, very great good can often be accomplished by the use of full doses of nitroglycerin given simultaneously with full doses of strychnine. Many cases of neuralgia are due to toxemia of some sort or another. Then, too, the relief of a uricacidemia will cause the neuralgia to disappear. The urine should always be examined, and free elimination maintained. Many cases of obstinate neuralgia can be entirely cured by cleansing out the bowels and rendering the blood more alkaline, overcoming the acidemia by saline laxatives and alkalies.—*Cleveland Medical Journal*.

DOPES FOR DOCTORS.—Some dig for gold, and some seek for precious stones; but it is a blind surgeon who cannot find a pot of yellow metal at the foot of the vermiform appendix.

A specialist for the eye, and another for each a corner of the anatomy, and big checks for all, but the people sigh for the "good old family doctor."

The sick man longeth for a doctor, and haileth his coming with joy, but the convalescent is haunted by shadows of the bill to come, and crieth "Enough."

The Chinaman crieth "no cashee no washee," and the banker requireth heavy collateral; but the physician is expected to go right along with his work, and he does.—*Chas. Irvin Junkin, in Judge*.

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EDITOR AND PROPRIETOR

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NO. 5

Original Communications.

REPORT OF A CASE OF OBLIQUE INGUINAL HERNIA COMPLICATED BY AN UNUSUAL CONDITION OF ARTERIO-VENOUS ANEURISM.*

BY DUNCAN EVE, M. D., *Professor of Surgery, Vanderbilt University, Medical Department, Nashville, Tenn.*

Mr. L. M. R., aged 40, an engineer on the L. & N. R. R., was sent us on November 23, 1910, suffering with a severe sprain of his left ankle, for which we used the usual treatment—Gibney's dressing. He made a satisfactory recovery of the sprain, but during the time we were treating him

*Read at annual meeting of Tennessee State Medical Association, April 12, 1911.

for this trouble, our attention was called to an acquired oblique inguinal hernia on the left side that he had suffered with for several years and was very troublesome, it being difficult to prevent "pushing out" or descending down the inguinal canal. Examination revealed the fact that he was wearing a hard rubber spring truss, that from the long and continuous firm pressure of the hard pad there was quite an indentation much deeper and redder than ordinarily observed on persons that wore the same kind of an appliance. However, we did not for an instant conclude there was any complication, and to all appearances it was like similar cases, except the opening at the internal ring was quite large. When the patient would stand without the truss the intestine would descend with a gurgling sound through the canal into the scrotum, and without any great effort could easily be reduced while in the same standing position.

Mr. R. was anxious for a radical-cure operation, for he claimed it was with some difficulty his truss kept the hernia reduced, and, too, being an engineer, the risk of strangulation was extra hazardous. We therefore admitted him to our infirmary and made preparation for the operation, which was done on December 15, 1910. With the assistance of my brother, my son, and Dr. C. F. Anderson, we performed the Bassini operation and found nothing unusual except, as stated, a very large opening at the internal inguinal ring, and, I may add, many small and superficial vessels required to be ligated. We used six No. 4, or thirty-day chromicized, catgut for the deep stitches, one of which was placed above the cord in the upper portion of the pillars of the internal ring, approximated the deeper structures in this manner to the shelving portion of Poupart's ligament under the cord, then brought the reflected aponeurosis of the external oblique as a covering over the cord by a continuous suture of smaller catgut, and finally closed the integument by interrupted stitches.

The hernial sac was isolated from the cord and its vessels with our fingers. No cutting instrument—not even scis-

sors—was used after the aponeurosis of the external oblique was divided, and no adhesions that could not be overcome by manipulation of the fingers were encountered. The hemorrhage, that might be considered unusual, was entirely superficial. There was nothing absolutely abnormal that was noticed. Of course, it goes without saying, had we suspected pathology anywhere, even remote, in the area or field of the operation, we would have made a more scrutinizing examination.

As soon as the operation was completed, a pad of sterile gauze was placed over the wound, a spica bandage applied, and the patient placed in bed. He made an uninterrupted recovery; the wound healed kindly, and he was allowed, with the precaution of a light compress and spica bandage, to get out of bed on the 29th of December, fourteen days after the operation and removed to his residence, which was just across the street from our infirmary, on January 2, eighteen days after the operation. He was advised to make his movements slowly, and not to be on his feet or walk to any extent.

On the night of January 6, Mr. M.'s wife telephoned us that the bandage was stained with blood about the size of a silver dollar, and we advised that he go to bed, keep quiet, and report any further evidence of hemorrhage. Later in the night a considerable bleeding occurred, and when called, my son responded and found while the bleeding had suddenly or spontaneously ceased, the bandage, which was still worn, was fully saturated with blood. It was removed and a clean one applied, with a larger compress. A short time later I made an examination, and found the upper angle of the seemingly healed wound had ruptured to the extent of about half an inch; a pair of hemostatic forceps was introduced at this point and the blades opened so that an inspection might be made, but unfortunately no evidence of a bleeding vessel was found, and we re-applied the dressing, to await developments. There was some evidence of constitutional symptoms of the loss of blood. The only

cause given by Mr. R. that he attributed the bleeding to was laughing heartily at something one of his children had done.

We were nonplussed for two convincing reasons: First, the very late date of the hemorrhage; and secondly, the absence of infection. Another hemorrhage occurred the next day (January 7), more copious than the one the day before, and again of its own accord ceased quite suddenly before the bandage could be removed or means employed to arrest same. The constitutional impression was more profound than the former bleeding. Appreciating the gravity of the situation, we requested Mr. R. to allow us to take him back to the infirmary, which he readily consented to, and under cocaine anesthesia we cut open the original wound down to the deep structures, and except at the internal ring for the transmission of the cord, the deep muscles were firmly united to the shelving portion of Poupart's ligament, therefore we did not interfere with this union, for there was so far as we could then determine, no evidence of blood coming from below. It occurred that it might be the deep, epigastric artery, so we made a dissection and became satisfied, after freeing this vessel, it was not responsible in the least for the trouble. It then seemed all we could do was to pack with iodoform gauze and use firmer pressure. Our patient reacted quickly and spent a fairly good night and did quite well for two days, when, on January 9, in attempting to relieve the tightness of the spica bandage, another hemorrhage took place and, like at his home, before we could finish removing the dressing, it ceased spontaneously, like the others.

Knowing that some unusual condition confronted our former efforts in failing to determine the source of these hemorrhages, and, too, satisfied that desperate means had now to be employed, we telephoned his family physician, Dr. J. A. Gaines, and after consulting with him and others, we determined to make another or third attempt to find out the cause of the hemorrhage, if possible. All preparations

being in readiness, the patient was moved to the operating room, Dr. C. F. Anderson administered ether, and with the assistance of Dr. Gaines and my son, and in the presence of several invited gentlemen, we opened up the deeper structures, not only the area of the former hernia operation, but the structures immediately adjacent thereto, and soon found out the cause, for in dissecting up the deep muscles which had united (although the catgut stitches were not absorbed), the blood spurted, and it required firm and continuous digital compression to control the bleeding from the now exposed iliac vessels. In the attempt to free the large artery, it was found attached on the inner side to its accompanying external iliac vein, and we also noticed that both the artery and vein were greatly distended. Ligation of the artery on the cardiac side of its supposed rupture did not control the hemorrhage, therefore the vein was also ligated above and below its attachment to the artery, and only after this last procedure was it certain that the hemorrhage was at last under control. From the union as well as the dilated condition of both external iliac artery and vein, *we at once determined the condition was an arterio-venous aneurism.* The pathology, however, could not be investigated as we would have liked, for we were anxious to get the patient off the table, therefore hurried in every way doing as little as possible. However, we did determine (the catgut not being absorbed) that none of the stitches were through or into the walls of the external iliac artery or vein. The patient reacted, despite his many hemorrhages. The limb was kept elevated, bandaged, and artificial heat applied. While the limb became slightly edematous, due to the collateral circulation, it never became cold or showed any indications of gangrene. The patient did quite well for the first three or four days, but with all the saline transfusions and what else that was done, he showed unmistakable evidence of dissolution and died on January 15, just one month from the time of the hernia operation.

There are some interesting questions the report of this

case brings up. The centering one is, what produced the arterio-venous aneurism? *Facts show positive evidence that it was not produced by the hernia operation for reasons already assigned*; then, how did it occur? Let us see. It will be remembered that an arterio-venous aneurism includes two forms of aneurismal dilatation of an artery communicating with a vein, known respectively as varicose aneurism and aneurismal varix. In aneurismal varix there is no aneurismal sac—adhesions have occurred between the artery and the vein at the point at which they communicate, and the blood is projected directly from the artery into the vein at each pulsation.

Holmes' System of Surgery, revised by Packard, states: "Both varicose aneurism and aneurismal varix may originate spontaneously, though they are commonly the result of an injury in which the artery and vein have *both* been wounded. In spontaneous arterio-venous aneurism, the communication with the vein apparently follows upon the development of a simple arterial aneurism in the contiguity of the vein. When an aneurism is found on a large artery, in such a part of the artery as to compress a neighboring vein, it is common to find that the vein is obliterated. But occasionally, in lieu of affecting a closure of the venous canal, the pressure of the aneurismal pouch of the artery gives rise to absorptive ulceration of the coats of the vein, and the sac opens either by rupture or by ulceration into the vein."

According to Delbet, about six per cent of arterio-venous aneurisms arise spontaneously.

The *American Practice of Surgery*, Vol. 7, page 294, states that "aneurismal varix may exist for years in a satisfactory condition, but the disturbances consequent upon the circulatory changes are as great as in varicose aneurism. In a few cases, however, the vein becomes so greatly distended as to rupture."

Bransby Cooper, in *Guy's Hospital Reports*, Vol. 5, re-

ports a spontaneous case of arterio-venous aneurism of the external iliac artery and vein.

J. C. Perry, in the *Med. Chirurg. Transactions*, Vol. 20, reports a spontaneous case of arterio-venous aneurism of the femoral artery and vein.

Potter, in *Todd's Cyclop. on Arteries*, "reports a case of arterio-venous aneurism affecting the femoral vessels, in which the cause could not be traced to any penetrating injury.

In the *Med. Chirurg. Transactions*, Vol. 44, page 189, Mr. Pemberton reports a case of arterio-venous aneurism found in the groin ten months after prolonged instrumental pressure had been made at that point in a successful attempt to cure a popliteal aneurism.

Gross mentions the external iliac as one of the arteries most frequently developing spontaneous arterio-venous aneurisms.

In *Holmes' System of Surgery* an interesting case is presented by Mr. Beaumont, of Toronto, Canada, of an arterio-venous aneurism of the external iliac artery and vein that had existed for twelve years, and was supposed to have formed as the result of horseback riding, and where the usual signs of the aneurism were absent.

Drs. Le Conte and Stewart, in the *American Practice of Surgery*, Vol. 7, page 291, claims that the hemorrhage due to a rupture of an arterio-venous aneurism most usually ceases spontaneously.

More data could be quoted or reported on this interesting subject, but we believe we have introduced enough to take the position that Mr. R.'s arterio-venous aneurism was a spontaneous one, or perhaps produced by pressure from his hard-pad truss, and further there were no well defined or definite symptoms manifesting the aneurism.

This is the only case I ever lost for a radical cure hernia operation, and I think the members of the Society will agree with me it should not be charged, *per se*, to the operation for the hernia.

EATING TO LIVE VERSUS LIVING TO EAT.

W. FRANK GLENN, *Nashville, Tenn.*

Being a physician, I naturally take a very deep interest in the health of the human family. I am also a firm believer in the axiom that in perfect physical health there is mental health, and with the harmonious operation of the entire organism there is compelled to be a sense of comfort and good will toward all mankind, and consequent happiness.

Several years ago, while teaching physiology in a medical college, I became firmly convinced of the absolute ignorance of the public in regard to the proper foods to eat, the manner of preparing them, what and when to eat, and, most important of all what and when not to eat. I read with much interest Dr. Dewey's book on starving as a cure of disease, and the "no-breakfast" rule. I thoroughly agreed with him.

For years I have had good results in the treatment of dyspepsia, and ulceration of the stomach by starving, and when my patients had sufficient will power to follow instructions, they got well. However, the public had heard little about this until Upton Sinclair's article appeared in the *Cosmopolitan* of last July. It was interesting as well as amusing the way the public took to the idea, yet how very few could be induced to follow the plan long enough to accomplish a cure! While the medical profession usually scoff at any unusual suggestion for the cure of disease, it is nevertheless an incontrovertible fact that many more people are in their graves from over-eating than from fasting or starvation. Forced feeding when ill, and over-eating when well, adds to the business of the undertaker.

If we would watch the lower animals, we would gain much beneficial knowledge. The first evidence the raiser of fine horses, dogs or cattle notices of ill health amongst them is that they stop eating. Now, does their owner try to force food down their throats or use a stomach pump to convey

it to their stomachs? By no means. They would be regarded as fools if they did. They let them alone, house them, make them comfortable, and wait. In a few days the animal will eat all that is put in his trough, and his attendant immediately knows he is on the road to speedy recovery. You cannot make the sick animal eat; nor do you try. But let your wife or child get sick. They are absolutely without hunger and beg not to be annoyed with food; yet they are asked and forced to take a little beef broth or milk or egg albumen or egg nog every two to four hours.

When will physicians learn that they can force food into the stomach, but they cannot make the ultimate cells of the body assimilate it? When will the public learn that nature is wisest of all physicians, and when there is no hunger, nature is saying positively that she needs no food, and does not want any put in the stomach. If it is put in the stomach it will not assimilate, and thereby creates an extra quantity of waste material which taxes nature to eliminate, and consequently lessens the vitality of the patient, who is already borne down by the weight of disease, and needs all his power to fight for his life.

I remember sadly of the dire results of feeding in an uncomplicated case of typhoid fever in a bright young man, only twenty-one years old, it fell to my lot to treat in 1899. In the beginning he told me he could not eat eggs or drink sweet milk. He loathed them both. He had never tasted whisky, and despised even the smell of it. I at first cleaned his alimentary canal thoroughly, gave freshly made buttermilk and water, and intestinal antiseptics. I gave absolutely nothing else. Had him sponged three or four times a day without any complication. The temperature kept high—102, 103, 104, and on the twenty-first day it reached 105. Yet the tongue was clean and moist, the pulse good; no tenderness or gas (tympany) in the bowels. He expressed himself as feeling all right. Had two absolutely normal moves from his bowels that morning. The family, being alarmed at the high temperature, called in a consulting phy-

sician. After examining the patient carefully and finding nothing wrong, he asked what I was feeding him. I told him for three weeks he had had nothing but buttermilk and water. He shook his head, said it would not do—he needed more nourishment. I told him he could not eat eggs or drink sweet milk; but he insisted that he be given egg albumen, whiskey and beef juice alternately every four hours. I knew his digestive organs would not handle it, as they revolted at such a diet in health. But he insisted, so the question was submitted to the patient's family. They decided to follow the advice of the consultant, and so the egg albumen, whiskey and beef juice were begun that day at twelve o'clock. That night the bowels began to run off and could not be controlled, and death followed the next day at one o'clock. I believe a life was lost from improper feeding.

Another case of typhoid fever in a young lady twenty-three years. About the middle of the second week she had a copious hemorrhage of the bowels, became cold and almost pulseless, following which she became nauseated and could not take one mouthful of food. For eight days she took nothing but a few spoonfuls of cracked ice several times a day. On the ninth day her stomach was quiet and she was hungry, and afterwards she had no trouble, and today is well and happy. This spell of fever occurred eight years since. I could cite many more cases where fasting in persons who were desperately sick did not harm, but I believe cured the patient; also where forced feeding to very sick patients cost them their lives. The public generally, and, I regret to say, too many physicians seem to regard weight as evidence of health. A fat person is no evidence of a healthy person, nor is thinness any evidence of ill health.

I read a most dangerous article a few Sundays since, going the rounds of the daily press, from Madam Lina Cavallieri, advising the ladies how to get fat. She advised them to eat until satisfied, then eat still more, and stuff and over-feed practically all they could.

While it is true they will gain weight by this process, it

is also true they will lose health
tems piling on more work than
ly the last feather comes, nat
person succumbs.

People should know that son
thin; that the object in life sh
get well and remain well. P
would defy the germs of any
to eat, but eat to live. Eat pr
take plenty of pure air, sunsh
happiness and long life will fo

TYPHOID

BY W. T. MARRS, M.

A few years ago I lived
fever was the prevailing disea
of the year, and during that ti
to-hand experience many used
of this disease, some of which
in the text-books. The cold
dieting were made much of wh
but I soon learned that the for
practice, while a too rigid syst
patient to slip into a low state
ery was difficult and sometime

After having two or three
modified my plan of treatment
I suppose, no more fatalities
to say that I am not unmindf
who brags about having neve
a certain analogy to the bird
very melodious voice. This n

My two central aims in the
been to keep up thorough elim

oughly nourishing and sustaining the patient. Glandular activity being always below par due to the bacteria and their toxins, small doses of calomel are usually well tolerated throughout the disease. It exerts a salutary effect upon every secretion and emunctory and should be reinforced by a daily saline. If the bowels are hard, indicating an accumulation of inspissated feces castor oil should be administered in generous doses until the scybalous matter is passed and the bowels soften up. If the fever runs excessively high it often suggests a mass of rotten feces which is a focus for the re-absorption of toxic elements into the blood. In such a condition the bowels should be lavaged thoroughly with soapsuds applied with the colon tube, and this is followed by flushing the bowels with a cold saline solution. After this the hyperpyrexia abates. This line of procedure is better than to depend upon bringing the fever down with acetanilide, aconite, intestinal antiseptics, etc. If thorough elimination is established early and well-maintained throughout, most of the distressing late symptoms are obviated, such as deep ulceration, hemorrhage, glandular enlargements, a thick cracked tongue and low muttering delirium. It is true that occasionally an individual comes down with this disease simply because he is going to die and in such rare cases treatment may prove of little avail.

During the last twenty years more typhoid patients have, I believe, been underfed than overfed. We may usually allow the patient a good deal of latitude in his bill-of-fare. If through no fault of our own the disease has made serious inroads upon the patient's vitality and the intestinal walls have been thinned by ulceration, then of course the utmost care must be exercised in feeding him. So much depends upon how we have started out with the patient and of course a great deal depends upon the virulence and peculiarities of individual cases. It should ever be borne in mind that blood and vitality the sufferer must have in order to withstand the ravages of the disease. Milk is nearly always tolerated but it needs to be supplemented by other foods.

Fruit juices of all kinds are permissible and are readily assimilated, also promoting cellular activity. Freshly expressed meat juices are highly serviceable, and a thing that is still better is bovinine, which is a nutritive tonic rich in iron and calculated to feed the blood and cells. It is especially the one remedy par excellence during the stage of convalescence. Jellies, custards, butter and toast, and a modicum of farinaceous foods may be taken with impunity. Cocoa and lemonade are the routine fluids. The patient should also take a drink of pure cold water every hour when awake.

The mouth should be cleansed several times daily with listerine, or boracic acid or chlorate of potash solution. Glycerine and lemon juice should occasionally be applied to the tongue should it be dry and somewhat fissured.

I have said little about antipyretic remedies because I find them seldom needed. The skin should of course be sponged frequently to further elimination. I look on the ice cold bath as a nightmare. Intestinal antiseptics? It is better to handle the patient so that these things will not be urgently required. The best are sulphocarbolates, salol and turpentine. Calomel is perhaps better still, although its action is rather indirect as compared with the others.

The patient must, so far as possible, be trained to eat and sleep regularly. Sedatives may occasionally be indicated in order to procure sleep. Other remedies may occasionally be indicated. I have managed quite a large typhoid clientele to a successful termination with the few remedial agencies named above.

THE USEFULNESS OF GOOD HYPOPHOSPHITES in pulmonary and Strumous affections is generally agreed upon by the profession. We commend to the notice of our readers the advertisement on ad. page 15 of this number. "*Robinson's Hypophosphites*" (This is a new combination and will be found very valuable.) is an elegant and uniformly active preparation; the presence of quinine, strychnine, iron, etc., adding highly to the tonic value.

Selected Articles.

CANCER AND SARCOMA; THE EARTHWORM, THEIR ORIGINAL HOST.

BY H. D. WALKER, M. D., OF BUFFALO, NEW YORK.

The subject of malignant disease, from the earliest times down to the present, has been one of the greatest mysteries with which the medical profession has had to deal. Many and various have been the theories brought forward to account for its deadly ravages. That it is steadily increasing, year by year, statistics show beyond a doubt. I have been at work on this subject for nine years, and believe I solved the problem, and that I have sufficient proof to demonstrate that cancer is a parasitic disease and that the earthworm is the original host of the parasites which cause it. There is nothing unreasonable in this theory. It is along the same lines that many other diseases are known to be transmitted. In the human family, the parasites of malaria and yellow fever are conveyed through the urgency of mosquitoes. Bubonic plague, through the rat and the flea. Trypanosomiasis in man, by the tsetse fly. Kala-azar (black fever), is believed to have the bed-bug as its intermediate host. Typhus fever of Mexico is supposed to be conveyed by the body louse. The common house fly is thought to be instrumental in conveying typhoid fever and perhaps tuberculosis and various other diseases. Among animals we have piroplasmosis, a deadly disease affecting cattle, dogs and sheep. This disease is transmitted through the agency of ticks. The hæmosporidia, besides the malarial parasites in man, occur in many species of birds, reptiles, amphibia and fishes. Various species of mosquitoes are the intermediate hosts in the case of birds. Every few years new discoveries are made show-

ing that diseases the origin and cause of which were unknown, can now be classed among those caused by parasites. Earthworms have for many years been supposed to be not only harmless, but of great benefit to agriculture by working through the soil, bringing it from below to the surface, where, after passing through their intestines, the castings were deposited on the ground in the form of vegetable mould. This was largely dwelt upon by Charles Darwin in his last work. "The Formation of Vegetable Mould Through the Action of Worms." Let us look at the earthworm from another standpoint and we will find they are not as harmless as they were formerly supposed to be. On careful examination under the microscope of an earthworm cut up in a little water, we find a great variety of parasites, and different species of worms vary in the kinds of parasites they contain. The life history of many of these has never been worked out, but some of them are well known. Twenty-seven years ago, through a series of feeding experiments I proved that the earthworm was the intermediate host of the gape worm of fowls, a parasite which destroys great numbers of young poultry and game birds every year. In the present investigation, I found several of my experimental mice contained hydatid cysts of the liver, and the *tænia echinococcus*, from which these cysts were derived, was found in the earthworm, *Allolobophora fœtida*. Birds and poultry doubtless become infected with the hydatid through eating these worms, and perhaps the *tænia* may be left by the worm on vegetables and grass and thus become conveyed to man and the herbivorous animals. When I first commenced my search for the origin of cancer, in 1901, I found that various authorities agreed that it was far more prevalent along rivers, low grounds and marshy places, than on high, dry ground and mountain ranges. This is well brought out by Behla's observation in the town of Luckau, Germany, which has two suburbs, one on the east called Kalau, and one on the west Sando, each having a population of about 1,000. The people in

each of these suburbs, lived on the products of their farms and gardens. In twenty-two and one-half years, from 1875 to 1898, there was not a case of cancer in the western suburb, Sando. In Kalau, there were seventy-five deaths from cancer out of six hundred and sixty-three deaths from all causes. Cancer, therefore, caused about one-ninth of the deaths here, and none whatever in Sando. The land in Kalau was very low, level and damp, while that in Sando was high, dry and sandy. There was a ditch containing foul, stagnant water, which passed through the whole of Kalau, all of the gardens of which were watered from this ditch, the water of which was used also to wash their garden vegetables. Behla believed that cancer followed this ditch and that the water used to wash the vegetables infected them and caused the disease. Here we have the strongest kind of evidence that the disease was derived from some external cause, probably a parasite, which lived in either the water or the damp soil, for the manner of living of the people was alike in all respects, except this difference in the water and also in the soil which they cultivated. On considering the foregoing observations, it seemed to me highly probable that the parasite of cancer, if there was one, would be found in some animal or plant living on low, moist ground. On reviewing the vegetable kingdom, I could find nothing which seemed likely to serve as their original host. On looking over the lower forms of animal life, I was strongly impressed with the idea that the earthworm might be the host. It is well known that earthworms are far more abundant in low, moist places than on elevated grounds and dry soil. I then procured some earthworms, and on cutting them up with a watch glass with a little water and placing them under the microscope, I found plenty of bodies, which on superficial examination resembled fat. They were exactly like the bodies which were found in tumors many years ago and were then believed to be diagnostic of cancer. Illustrations of these can be seen in the last edition of the Micrographic Dictionary, plate 38,

Figs. 16 and 17, from cancerous tissue. To find out whether these were the parasites or bodies which produced cancer, I determined to feed them to and inject into animals and see if they could be infected thereby. The animals used in these experiments were white mice, guinea pigs, Belgian hares and dogs. The experiments extended from the spring of 1901, to that of 1908. A paper was prepared detailing these experiments in full and read before the Buffalo Academy of Medicine, on the 17th day of November, 1908. This has been published and distributed to the profession. The results in white mice and Belgian hares were excellent. Many tumors were produced in various organs which had all the characteristics of cancer and sarcoma and killed the animals. Some of these tumors were pronounced cancer and sarcoma by good pathologists. It was found that different species of earthworms produce different kinds of malignant disease. The earthworm, *allolobophora foetida*, contains the parasite which produced carcinoma. The large earthworm, *Lumbricus herculus*, commonly used in biological work, has the parasite which cause small, round and spindle-celled sarcoma. All earthworms and also species of worms which belong to the same order, the *Oligocheta*, and live in fresh water, lakes and rivers and on the shores of the ocean, contain these parasites in countless numbers. Each species of earthworm contains a slightly different species of these parasites. *I have produced cancer in fish, by feeding them worms and there is no mystery to solve concerning the manner in which trout and other fish get cancer, for they can easily procure worms which contain these parasites in the water in which they live.* The disease is contracted, in the human family by eating vegetables, such as cabbage, celery, lettuce, etc., upon which earthworms have been feeding. The parasites pass out through the external surface of the earthworm on to the vegetables and enter into the structure through the stoma of the plant. Here they remain and multiply until the leaf is eaten or dies down and passes into the soil, from which the parasites

may be again taken up by the earthworm. I will state here two propositions which I believe will be found to be correct. NO EARTHWORMS, NO CANCER; PLENTY OF EARTHWORMS, PLENTY OF CANCER. Florida has very few earthworms and very little cancer. In the census of Florida, for 1905, I find there are forty-six counties in the State and twenty-four of these counties having a population of two hundred and eight thousand, seven hundred and thirty-three, had a mortality of eight hundred and seven. None of these died of cancer. In the remaining counties, which included some of the largest towns, there were sixty-six deaths from cancer. How many of these, if any, had been permanent residents of Florida I do not know. Many go down there from the Northern States and may have been infected when they went there. Some of the oldest physicians in Florida have told me that they never knew any of the permanent inhabitants of Florida to have cancer. Compare this with the mortality in Western New York, where earthworms are common. In the census of 1907, the deaths from cancer were as follows: In Buffalo, one out of twenty-one deaths was from cancer; Rochester, one in eighteen; Jamestown, one in fifteen; and Ithaca, one in fourteen died of cancer.

The destruction of earthworms can be readily accomplished by means of a solution of common salt, or lime or wood ashes, as explained in my pamphlet, and then this terrible disease can be prevented. I trust my experiments on animals will soon be repeated in the cancer laboratories and when confirmed the work of destroying the earthworms will be undertaken, which will be of far greater importance, and save many more lives than the destruction of mosquitoes for preventing malaria and yellow fever.—*American Journal of Dermatology.*

Do NOT FAIL to read the advertisement of the REVIEW OF REVIEWS CO., facing first reading page in this number.

Records, Recollections and Reminiscences.

CIRCULAR LETTER FROM THE SECRETARY OF THE ASSOCIATION OF MEDICAL OFFICERS OF THE ARMY AND NAVY OF THE CONFEDERACY.

State Capitol, Nashville, Tenn.

April 1, 1911.

Dear Doctor—The twenty-first annual reunion of the United Confederate Veterans will be held at Little Rock, Ark., May 16, 17, and 18, 1911.

At the same time and place will also convene the fourteenth annual meeting of the Association of Medical Officers of the Army and Navy of the Confederacy. Dr. Edwin D. Newton, of Atlanta, Ga., will preside. Dr. Newton enjoys the unique distinction of being the only surviving officer attached to the medical staff of General R. E. Lee's headquarters.

The Pulaski County Medical Society and others of the medical corps of Little Rock are evincing an encouraging interest in the coming convention, and promise a most cordial welcome to us, whom they are pleased to term "the heroic and devoted surgeons" who did service in the great Confederate army fifty years ago.

Our place of meeting will be the chapel of the First Presbyterian Church, which is centrally located and easily accessible, and further made conspicuous by appropriate signs emphasized by the display from the front of a yellow flag—the hospital insignia of the Confederate army.

As is well known, the chief object of our Association, in addition to the social features, is to gather together, as far as possible, the medico-surgical history of the war, in order to repair—in some measure at least—the disastrous loss of the official records, in the Surgeon General's office, swept away by fire when Richmond fell into the hands of the Federal army. Hence contributions in the form of essays or reports of cases, personal experiences (written or spoken), or any other facts of interest bearing upon the medicine and surgery of the Confederate army are sought.

Those willing to take part with us in the preparation of a paper, reports of cases, or succinct verbal recitals on specific topics, as above noted, are requested to inform the Secretary (under-signed), prior to May 10, by mail, addressed to Nashville. If, after that date, and prior to the meeting, the information should be sent to Dr. Frank Vinsonhaler, Chairman of the Committee of Arrangements, Room 7, Urquhart Building, 113 East Capitol Avenue, Little Rock, Ark. In writing please give name, post-office address and subject of paper or discourse, so that the program may be properly prepared.

The conditions of membership are as follows: All members of the medical profession, who served as Surgeon, Assistant Surgeon, Acting Assistant Surgeon, Contract Physician, Hospital Steward or Chaplain during the late war between the States, shall be eligible to membership as regular members; all Confederate veterans who are regular doctors of medicine are eligible to membership as associate members; and all sons of Confederate veterans who are regular doctors of medicine shall be eligible to membership as junior members. They all have the same rights and privileges on the floor of the Association, and only differ in name to indicate the several classes forming our Association.

The membership fee is one dollar, and the annual dues, paid by all only at subsequent meetings which they attend, is one dollar.

The Confederate Veterans, including our Association, have long felt an earnest desire to hold a reunion within the borders of militant and magnificent Arkansas, the home of the immortal Pat Cleburne, Hindman and other distinguished officers, and of the heroic braves that followed them on the blood-stained field of Elk Horn Tavern and other sanguinary battle grounds, and it was with widespread pleasure and highest approval that the beautiful city of Little Rock was chosen for the reunion of 1911.

Comrades: The end is rapidly approaching. Soon, very soon, the youngest amongst us will pass over the river and out into the eternal beyond. Let us, therefore, work while it is called today, and endeavor, as far as possible, to accomplish the ends for which we meet.

A. A. LYON, M.D.,
Secretary.

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Editorial.

SEVENTY-EIGHTH ANNUAL MEETING OF THE TENNESSEE STATE MEDICAL ASSOCIATION.

The recent meeting of this now venerable and time-honored organization in this city, April 11, 12 and 13, was one of the most satisfactory and successful in its eventful history. Although the fifty-nine papers on the excellent program were not all read, owing to temporary absence of some of the authors, and pressure of other business, those that were presented were unusually interesting, eliciting equally able and attractive discussions, all of which will appear in "The Journal of the Association" during the ensuing months. However, we cannot refrain from making brief mention of some of those that we had the pleasure of hearing and which we, with others, enjoyed and appreciated. Between 250 and 300 members were in attendance.

The Association was called to order promptly at 10 a. m. on Tuesday by Dr. M. M. Cullom, Chairman of the Committee of Arrangements, and was opened with prayer by Rev. J. S. French. The Address of Welcome, by Mr. Jos. Frank, President of the Board of Trade, was well received and highly appreciated. In closing he said:

"However, representing the commercial interests of this city as President of the Board of Trade, I am going to say something regarding what I consider of vital importance to the physician and merchant. There is no one that is looked upon in the home of every citizen, be he high or low in the social standing of the community, with more respect than the family doctor, not even the minister of the gospel, although his mission is to lead his charge in the right direction; but the physician is entrusted with the health of the family, beginning with the brightest of the light of day the hope and future of each household, and then, step by step, watching its every physical development until mature age. What an honored position—what a trust and confidence is placed in you!

"Verily, there is no other position, in my opinion that is looked upon with such implicit confidence and trust.

"The problems of sanitary conditions and the best modes of living are now in the uppermost mind of all well-regulated municipalities, and I do not know of any agency that could be of more help to advance those regulations than the physician of any community. The people will listen to you with much more interest and trust more to your advice in matters of this kind than anybody else, not even excepting the officials of state or town.

"I honestly believe that if you will give these matters your earnest attention during your deliberations you will be of incalculable benefit to the community you live in, and that nothing that you could do would be of more benefit to the upbuilding of our state's resources.

"Now I wish to extend to you, as a representative of the commercial interests of our capital city, a hearty welcome, trusting that your stay in our midst will be a pleasant and enjoyable one, and that when you return to your homes, I trust you will think of us as we do of you. I thank you."

Dr. R. E. Fort of this city extended a hearty welcome on behalf of the Davidson County Medical Society. Dr. Fort said eighty-one years ago the first President of the State Society, Dr. Roane, son of Governor Roane, welcomed this society to Nashville. He hoped this spirit of hospitality has improved like wine. When he observes the growth of the society it makes him know that "those who are content are lost." The strivings to bring about better results has brought about improvement. He welcomed the members to the city and its homes, and was confident that the deliberations of the society would result in great good.

Dr. Battle Malone of Memphis responded to the words of welcome on behalf of the visitors. He said, with other expressions of gratification, that it gave him great pleasure to acknowledge an appreciation of the hospitable words of welcome. He said they, as West Tennesseans, look upon Nashville as more than the Capital of the state. This city deserves richly the well won reputation for noted culture. They are proud, too, of the members of the medical profession in Nashville, who have contributed so much to the progress of the world. He paid a glowing tribute to the members of the profession here. He said Nashville has a medical corps of which any place may well be proud.

Dr. Cullom then made the usual announcements, such as the hours of meeting, place of meeting of the House of Delegates, the "Smoker" tendered by the local physicians for Wednesday evening, etc., and called the President of the Association, Dr. Jno. A. Wither- spoon, of Nashville, to the chair.

The President ruled when any paper is passed because of the absence of the author, the same will go to the foot of the programme when it would be called again.

The first paper was on "Radium," by Dr. G. P. Edwards of Nashville. Dr. Edwards discussed radioactive substances, their relation to each other and comparative physical properties. He also dwelt upon methods of containing and applying radium, and the general effect and therapeutic use of radium in the skin, nervous system, liver and

other tissues. He considered the chief diseases in which radium may be used, concluding with a report of interesting cases.

The discussion on radium following Dr. Edwards' paper was opened by Dr. G. C. Savage of Nashville, speaking of numerous cases, successful results, the discovery and the power of radium.

Dr. Crockett offered a resolution commending the effort of Senator Owen of Oklahoma in his effort to establish a national department of health and pledging that each member of the association urge the Tennessee Senators and Representatives to support this movement. The resolution was unanimously adopted.

The second paper was read by Dr. R. M. McCowan of Knoxville. Subject, "Significance and Surgical Treatment of Uterine Displacements." The symptoms, treatment and results of this trouble were considered scientifically and from a practical standpoint, Dr. McCowan adding some new and original conceptions. Dr. Robert Caldwell of Nashville and Dr. C. N. Cowden of Nashville, discussed the paper.

"Traumatic Perforation of Abdominal Viscera" was the next topic, the paper being read by Dr. W. M. McCabe of Nashville. The cause was first considered. Symptomatically a diagnosis can be surmised. The only accurate and safe way to make a diagnosis, however, is by Laparotomy. The perforations of the liver by bullets do not bleed much and celiotomy may be dispensed with. Knife wounds of the liver bleed profusely. Wounds of spleen may demand splenectomy. Dr. McCabe reviewed cases seen at the Nashville City Hospital. Wounds made by knife, buckshot and steel-jacketed bullets have very little eversion of the mucous membrane. All cases are catheterized. Dr. McCabe gave the method of searching for perforations and preventing soiling of the peritoneal cavity. The abdominal cavity is sponged out but no irrigation is used. They usually place in drainage and use the Fowler's position and Murphy drip. The abdomen is shaved dry and painted with tincture of iodine.

Dr. W. D. Haggard of Nashville opening the discussion, took the position that the surgeon has a moral as well as his professional obligation to consider in the treatment of cases. Dr. Jere L. Crook of Jackson, Dr. J. A. Gaines of Nashville and Dr. L. L. Shedd of Knoxville also discussed the paper of Dr. McCabe. Dr. Gaines congratulated Dr. McCabe upon his "ideal system" adopted and his eminent success in his treatment of cases cited.

"Some Remarks Upon Cancer, With Especial Reference to Cancer of the Breast," was the title of a paper by Dr. Holland M. Tigert of Nashville. He said according to the census statistics 62 per cent. of deaths from cancer were females, while 38 per cent. were males. In speaking of cancer of the breast, he said the disease appeared in

four chief forms. He said there was but one treatment for cancer of the breast, and that was operation. The paper was discussed by Dr. Deering J. Roberts, who endorsed Dr. Tigert's paper and said that by the knife alone could cancer of the breast be cured. He said recent observation showed that cancer was infectious, as cancer had been known to appear in families who had moved into houses where persons had been afflicted with cancer. He also cited other points as to it being an infection. Dr. L. E. Burch, in discussing the paper, said that cancer was one of the most important subjects before the profession. He said that in New Jersey last year more persons died of cancer than from tuberculosis. He said that while he had great respect for X-Ray and radium, one might as well put on so much vaseline when it comes to treating cancerous tumor of the breast. He advised early diagnosis and removal. Dr. Battle Malone of Memphis advised a radical operation where tumor of the breast was found. Drs. Witt, Robinson and Glasgow of Nashville, and others also participated in the discussion, several cases of interest to the profession being reported.

Dr. B. B. Cates of Knoxville read a paper on "Spina Bifida, Based on Seven Operations." The discussion was opened by Dr. Jere L. Cook of Jackson. Dr. Battle Malone of Memphis also discussed the paper, both he and Dr. Cook reporting two cases.

Dr. Paul F. Eve of Nashville read a paper on "Fractures of the Tibia." He said that next to the fractures of the forearm fractures of the leg were most numerous. He referred to various treatments for such fractures. The paper was discussed by Dr. Jere L. Cook of Jackson, who said that automobiles had contributed many fractures for treatment by the profession. Dr. S. S. Duggan said the paper was exceedingly interesting to him, as he had suffered a fracture such as described and it happened at such a time when he wasn't near assistance, and was forced to reduce and dress his broken leg himself.

Dr. Enoch H. Jones of Murfreesboro read a paper on "Pellagra, With Report of a Case." He said that in some places the disease amounted almost to an epidemic. He argued along the line that the disease was produced by spoiled grain, and said French and Italian authorities held to the same view. He said that in a number of cases the traces of the disease disappeared in winter to reappear in the spring. He detailed the various symptoms and said the diet should be nutritious. The case reported by Dr. Jones was that of a man who had eaten mush and milk for a year or so and said that others of the family who hadn't partaken of the food did not have it. Dr. Jones said the man referred to thought he had sunburn.

Dr. J. M. King of Nashville said, like cancer, there was a

difference of opinion as to causation. Dr. King said he had observed the case referred to by Dr. Jones and also several of the cases discovered about Nashville. Dr. King said that while there are cases which would appear to lean toward contagion, he was not prepared to say that the disease is communicative. He said that where the patient was strong enough to stand it he would advise salt rubs and salt baths. In discussing the paper Dr. Litterer said good results had been reported from arsenical preparation and also the preparation known as "606." Dr. John Overton exhibited a photograph of a patient 65 years of age. Dr. Breeding reported a case in a family where hookworm had also been reported. Dr. Frank Glenn, in referring to the seventeen cases of the Baptist Orphanage, said he thought these cases showed it was communicable, as two years before the seventeen cases were developed two pupils with pellagra had been brought to the orphanage from Newport, Tenn., and that the fifteen other pupils had evidently caught it. He said the treatment given by him and Dr. King of iron, strychnine and arsenic with salt baths had cured fifteen out of the seventeen patients that had occurred at the Baptist Orphanage in this city.

Dr. Sheddan of Knoxville said he had talked with the family physician of the two pupils from Newport sent to the orphanage and the doctor said the pupils didn't have pellagra when they left Newport. He said the matter had been referred to at the East Tennessee Medical Association.

Dr. Glenn said the two children had pellagra when they arrived at the orphanage, and they were the only two patients who had died. Dr. Glenn also said that a young woman had been cautioned not to eat corn bread, but that within a year she had developed pellagra symptoms.

In the course of the discussion of this disease it was brought out that frequently the rash feature was the last to develop, while often the rash developed first and the nervous affections last. Other physicians claimed that the extreme reddish tinge of the tongue was a good symptom.

A very excellent paper was read by Dr. J. Hugh Carter of Memphis, on "Surgery of the Intestines, with Report of Cases." Another of more than usual merit was on "Glaucoma," by Dr. Walter Dotson of Gallatin, both of these being very fully discussed. The paper by Dr. Duncan Eve of Nashville, "A Case of Inguinal Hernia complicated by Arterio-Venous Aneurism," appears in this journal as the first "Original Communication" this month. It was discussed by Drs. Holtzclaw, Roberts and Gaines.

Three most valuable papers on Ehrlich's new remedy were as follows:—

"Salvarsan (606) and the Wassermann Reaction in Sixty Cases of Syphilis," by Wm. Litterer, M. D., Nashville, in which he said:

"In a disease so protean as syphilis it would be difficult to attempt to predict the ultimate results to be attained by the new drug. Except in a limited number of cases, Salvarsan in a single dose has not fulfilled its promise of a specific in human syphilis. However, it has undoubtedly advanced the treatment of this disease in a decided manner. The consensus of opinion now is that a single injection has in favorable cases approximately the same result as a four or five months treatment with Hg. The intravenous route followed five days later by the Alkaline intramuscular injection, supplemented by Hg for one year will probably be the favorite technique for the future. There seems to be no uniformity between the differences of the Wassermann reaction and in the improvement in the condition of the patient. In certain instances relapses could be detected though the clinical symptoms were no longer in evidence at the time. In my series, after a single injection, thirty-five per cent. resulted in a negative Wassermann in six weeks' time. Out of this number fifteen per cent. showed a positive test in three months, while an additional six per cent. recurred in five months. The Wassermann reaction is the only method now at our command of sufficient accuracy to show when a given patient is cured."

Dr. E. T. Newell of Chattanooga presented his method of giving "Salvarsan" or "606," which is unusually simple and inexpensive, as compared with methods ordinarily used. He relied on the intravenous route.

"Treatment of Syphilis, (Salvarsan)," by Dr. W. Frank Glenn of Nashville, was listened to with great interest. He referred to the early use of Mercury—more than three centuries ago, and its empirical use. Now we have more efficient preparations of Mercury and better methods of administration; also that the good effects of arsenic known long before Ehrlich's discovery. He gave his personal observations of the use of Salvarsan; dangers in its use; and discussed the question as to whether one dose was curative. He claimed that Mercury and Arsenic were the only reliable antidotes to the specific poison.

The following papers were greatly enjoyed by all who were present at their reading:

"Two Outbreaks of Typhoid Fever in an Institution Traced to Bacilli Carriers," by Thos. Weaver, M. D., Nashville.

Abstract—The first outbreak in the girls' department began July 22, and the last case appeared August 26, 1910. There were eight cases in this series, all of which gave a Widal reaction except one, in which a para-typhoid reaction was obtained. The second outbreak,

in the boys' department, began October 28, and the last case was admitted November 20, 1910. There were nine cases in this series, two of which were infected in the hospital. All cases responded to the agglutination test save two, in whom no test was applied. Boiled water alone was used in both departments, while the milk supply was free from suspicion. Stools from three suspected bacilli carriers among the culinary employees at the girls' department were examined, and typhoid bacilli were isolated from one. Eberth's bacillus was isolated from the stools of two suspected carriers among the culinary force at the boys' department, and quite probably a third, but Dr. Litterer has not yet completed his investigations.

"Sarcoma of Stomach, With Report of Case and Exhibition of Patient," by John Overton, M. D., Nashville.

Abstract—Sarcoma of stomach with case reports. Short review of literature on subject. Treatment usually instituted too late. Detailed history of case before operation. Pathology found. Exhibition of tumor and patient. Susequent history and use of Coley's Fluid.

"Practical Laboratory Work for the General Practitioner," by Newton Evans, M. D., Nashville.

Abstract—Object of paper to encourage more laboratory work in physicians' offices. Necessity of methods and instruments of precision in medical diagnosis. Illustrations of instances in which laboratory methods are indispensable. Parasitic skin diseases. Early tuberculosis. Intestinal parasites. Abnormal gastric secretion. Malaria. Leukemia. Pernicious anemia, etc. Other examinations which are of much help—for gonococci in pus, for blood and pus cells and other formed deposits in urine. Many laboratory procedures cannot be done successfully in an office laboratory, for instance, syphilitic serum reaction, bacteriological culture work and tissue sectioning and examination. Desirability of laboratory training for medical students, particularly in connection with hospital work. Practical suggestions for laboratory in physician's office.

"The Disease and the Man," by Wm. B. St. John, M. D. Bristol.

Abstract—The idea I try to bring out in the essay is a condensed history of physicians who are discoverers of diseases which bear their name, giving incidents in their lives, their best known works, under what circumstances their contributions to medicine were brought about, where born, what good they did and how they are remembered and the debt of gratitude the profession owes them. What other discoveries these gentlemen made for which they have just claim, but not general recognition.

"The Duty of the Country Physician to the Mother and Child," by H. C. Curtis, M. D., Algood.

Abstract—How shall we treat and instruct others to treat and

care for the baby? Our duty as physicians to instruct the mothers. We should not neglect the young mothers, and we should give them more attention and instructions about themselves and the infant.

Dr. C. F. Anderson of Nashville read a paper on "When Does the Gonorrhoeic Cease to be Infective?" He discussed in a manner showing thorough research the various phases of Neisserean infection with the treatment therefor. The discussion was participated in by Dr. Bromberg, Dr. Litterer, Dr. Glenn, Nashville; Dr. E. A. Timmons, Columbia; Dr. Rash, Nashville, and Dr. Newell, Chattanooga, each speaker giving briefly the result of personal practice in such cases.

"Injuries of the Head," was a very able document, read by Dr. Duncan Eve, Jr., of Nashville. He discussed various characters of injuries, reviewing the symptoms, treatment and results, citing several cases coming under his personal observation. Discussion followed by Dr. Jere L. Crook, Jackson; Dr. Newell, Chattanooga; Dr. J. A. Gaines, Nashville; Dr. Paul DeWitt, Nashville and Dr. Billington, Nashville.

The committee appointed to wait on the Middle Tennessee Educational Association with regard to pending legislation had performed its duties, the matter having been presented by Dr. Cooke with telling effect.

Dr. J. J. Waller of Oliver Springs read an excellent paper, his topic being, "Practical Points on Traumatic Laceration of the Deep Urethra."

Dr. W. D. Sumpter of Nashville read a paper on "Appendicitis with Concurrent Typhoid Fever," relating many technical points as to operation, and telling of cases that had come under his observation.

Dr. John A. Gaines of Nashville read an exhaustive paper on "Vaginal Hysterectomy; the Indications for and Technique of." The paper went into details relating to successful methods of operation.

Dr. E. A. Timmons of Columbia read a paper on "The Relationship of Food to Disease." Dr. Timmons' paper was a lengthy treatise on human economy, dealing with the evils of impure canned and storage foods, and also with the great injury to health by the excessive use of "soft" drinks.

Each of the three papers was discussed by different physicians.

The Annual Address of the President was delivered on Tuesday evening, Dr. Witherspoon's subject being, "The Public and the Physician." We greatly regret that want of space prevents our giving his eloquent address in full, however, it will doubtless appear in an early number of the Journal of the Association. By special order, it was preceded by Dr. Dulaney of Dyersburg, who read a paper on "Need of Reform in Public Schools in Regard to Hygiene and Sanitation;

Medical Inspection of School Children, Frequent Inspection of Building by a Sanitary Officer, Need of Law Governing School Buildings, the Importance of Having Medical Representation on the State Board of Education."

Dr. Dulaney's paper dealt with the question of medical inspectors for schools, and also sanitary buildings. Dr. Dulaney stated that there is no doubt but that tuberculosis cases have been caused by spitting on floors, and bad water has caused typhoid. He also emphasized the importance of proper light for buildings, declaring that many children suffer as a result of poorly lighted buildings.

Dr. S. S. Crockett was first to discuss the paper by Dr. Dulaney, mentioning the fact that the state proposes to spend one-third of its revenue for education, and he thought it equally as great obligation to protect the physical condition of the children. Dr. Crockett told of two boys who had appeared dull and stupid, and were always at the foot of their classes. Investigation had shown that they were the victims of hookworms, and after treatment were different boys. Instead of being at the foot of the classes they were at the head. Dr. Crockett mentioned the name of O. B. Fowler as the man who is trying to defeat needed legislation in the interest of patent medicines. Dr. Crockett urged all members to be ready to go to the capitol with the determination to get from the Legislature what is asked.

Dr. George H. Price was the next speaker, and spoke of the great problem by which the state is confronted by an alien who has the audacity to come to our Legislature and tell them what to do. Such effrontery should bring every member of the profession to his feet to do his duty. Dr. Price spoke severely of the vultures that are always fighting against those things fundamental to the welfare of civilization. He declared that the time has come for the association to make such an impression upon the Legislature that the clarion note of the life savers of Tennessee will stifle the cry of the vultures of alien states.

Dr. B. D. Bosworth of Knoxville followed in a short address approving what had been said by the speakers.

Dr. Olin West made a short talk in behalf of medical inspection for the schools. Dr. West said that the hookworm was one of his hobbies, and he told of the remarkable results obtained by relieving those afflicted with this malady.

There were calls for Dr. W. D. Haggard, who expressed his sympathy for the movement of the association to secure laws that will protect our people. Dr. Haggard believed that the association was strong enough to convince the Legislature as to the public interests. He felt that the time has come for action, and pledged hearty support to all meritorious movements.

The House of Delegates completed its work in four short sessions, Tuesday afternoon, Wednesday morning and afternoon, and Thursday morning. Considerable discussion was participated in by the Delegates as to continuing the publication of the Transactions in (monthly) journal form, or returning to the old method of an annual volume of transactions. Had it not been for a "Constitutional" requirement, that consideration of such an important matter should lie over for one year, the monthly journal would have been discontinued; however, the question will be made a special order at the next annual session of the Association, and we will at least have the Journal for another year.

The following officers were elected to serve the ensuing year:

President, Dr. C. J. Broyles, Johnson City.

Vice-Presidents, Dr. J. H. Atlee, Chattanooga, East Tennessee; Dr. W. J. Breeding, Ravenscroft, Middle Tennessee; Dr. J. D. Brewer, Newbern, West Tennessee.

Secretary, Dr. Perry Bromberg, Nashville.

Treasurer, Dr. W. C. Bilbro, Murfreesboro.

Chattanooga was selected as the next place of meeting; time of meeting, the second Tuesday in April, 1912.

On Wednesday morning the Association in a body visited the State Capitol at the invitation of the Senate Committee on Finance, Ways and Means, and argument was submitted to this important committee of our Legislature by Drs. Witherspoon, Price, Krause and others on the following subjects now pending before our law makers, "A bill for Vital Statistics," "A Bill for Medical Examination of Public Schools," "An Appropriation for a Laboratory for the State Board of Health," and "An Increase of Appropriation for the Pure Food and Drug Law." All of which measures were unanimously recommended for adoption by the important committee on Finance, Ways and Means. On the same afternoon the Association again in a body visited the Capitol, and appeared before the Committee on Finance, Ways and Means of the House of Representatives; to whom was submitted argument favoring the passage of the "Bill for Medical Examination of Public Schools," by Drs. J. A. Witherspoon and Krause; opposing argument being offered by Mr. Newman and Judge Craft of Memphis, who had been employed by the "American League of Medical Freedom," to appear before our State Legislature to lobby against this and the other bills advocated and endorsed by the State Medical Association. Each side was given thirty minutes, and just how the opponents of the measure were "wiped up," is demonstrated by the action of the Legislative Committee unanimously adopting a resolution recommending the measure for passage. Just what will eventually be the outcome, is as yet an unknown quality, our "Solons"

now being in such a chaotic condition. However, the Association has placed itself on record as to important and much needed legislation.

Just before the final adjournment of the Association, Dr. Deering J. Roberts made a few remarks on the movement originating in the *Association of Medical Officers of the Army and Navy of the Confederacy* to erect a monument in Richmond, Va., to the memory of Dr. Samuel P. Moore, Surgeon-General of the Army of the Confederate States. After a brief biographical statement of Dr. Moore, and his eminent services during the four eventful years during which he stood at the head of the Medical Profession in the South, he considered it but proper that the entire medical profession in the South should unite in this work. He further stated that his remarks at this time were but preliminary, and that at the next annual session he would bring the matter more fully before the Association. Dr. J. A. Witherspoon spoke eloquently and earnestly in behalf of the measure, and moved that a committee of three be appointed to report on the subject at the next annual meeting. Adopted unanimously.

The "Smoker" given by the local physicians in the "Grill Room" of the Hermitage Hotel on Wednesday evening was most enjoyable. Bright and entertaining remarks were made by Drs. Witherspoon, Holtzclaw, St. John, Haggard and others; Dr. M. M. Cullum discharging the duties of Toastmaster in a most charming way.

Danger Due To Substitution.—Hardly another of all the preparations in existence offers a wider scope to imposition under the plea of "just as good" than the scientifically standardized Eucalyptol. The most recent fraud practiced in regard to this product is an attempt to profit by the renown of the firm of Sander & Sons. In order to foist upon the unwary a crude oil, that had proven injurious upon application, the firm name of Sanders & Sons is illicitly appropriated, the make-up of their goods imitated, and finally the medical reports commenting on the merits of their excellent preparation are made use of to give the desired lustre to the intended deceit. This fraud, which was exposed at an action tried before the Supreme Court of Victoria, at Melbourne, and others reported before in the medical literature, show that every physician should see that his patient gets exactly what he prescribes. No "Just as Good" allowed.

THE CINCINNATI SANITARIUM.—We have received the 37th annual report of the Medical Director of this most excellent and well-managed institution. From it we get the following facts: Two hundred and thirty-five patients were admitted during the year ending Nov. 30, 1910. Eighty-four being in the institution at the beginning of the year, the total number who received treatment during the year,

three hundred and nineteen. Of these *seventy* were discharged recovered; one hundred and sixteen as improved, and twenty-seven unimproved. Daily average of ~~inmates~~ *inmates* was 90.14; percentage of recoveries to admissions, 29.78; with a mortality rate of only 4.07 per cent.

Among the advantages of this institution may be mentioned the following:

Situated about one thousand feet above sea level, in a naturally beautiful location of unsurpassed salubrity; its grounds comprising some thirty odd acres of diversified park; a picturesque lake, surrounded by magnificent forest trees; arboreal vistas and sylvan retreats; gardens and conservatories supplying an abundance of fresh vegetables and flowers; a never-failing spring of pure water, used entirely for cooking and drinking purposes—the sanitarium combines the retired and restful features of the country with the accessibility and conveniences of a city mansion.

An adequate power house for heating and other purposes and an abundant supply of filtered water for baths, add materially to these advantages.

The commodious and convenient buildings have been constructed expressly for hospital purposes and admit of effective classification of patients, whereby the more quiet and sensitive are spared annoyance of association with the disturbed or offensive. This is an obvious superiority over smaller and less thoroughly equipped hospitals.

The medical staff consists of Dr. F. W. Langdon, Medical Director.

Dr. Berthold A. Williams, as Senior Resident Physician, remains in charge of the general medical equipment, with Dr. Charles B. Rogers as Junior Resident Physician.

The work of the Clinical Laboratory has been supplemented as occasion required by the valued services of Prof. Paul G. Woolley of the University of Cincinnati (Medical Department); also by Dr. W. E. Schenck, the efficient Hematologist of the institution.

THE BUGBEAR OF INDIGESTION.—“It is often said that ours is a nation of dyspeptics’ Medical men appreciate how apt this statement is, and never was there a time when it was more true. Only yesterday one of them remarked, with a touch of humor, that ‘people are living so fast to-day that they do not stop to masticate their food’—a wise observation, we must admit.

“And besides—in the matter of eating have we not as a race departed from the so-called simple life? Have we not in more than one way become denatured rather than civilized? It seems that the things people eat to-day are censored to tickle the palate rather than nourish and upbuild the body—and the consequence of such pleasur-

able eating is a disordered stomach."—*From Brochure on Taka-Diastase.*

One is tempted to quote further from this booklet, so interesting is the story—in subject-matter and in the manner of its telling. To do so, though, were to defeat the present writer's object, which is to insure a wider audience for the booklet itself—a booklet which is well worth having, whether or not one expects to avail himself of its therapeutic suggestions.

As the quoted paragraph attests, the brochure is well written. Its literary flavor, however, is but half its charm. In its physical make-up the booklet is a distinct novelty, its quaint cover design, its fitting inner embellishments, and its oriental suggestiveness lifting it well out of the casual and commonplace.

The brochure tells how Taka-Diastase came to be—tells how it is made, and in the language of the distinguished chemist and scientist who evolved and gave to the world this valuable ferment. It explains, in attractive, readable form, how Taka-Diastase acts in defective starch-digestion, in gastritis, in diarrhea and constipation, in wasting diseases, and in the diet of infants. It contains a full list of Taka-Diastase products and gives hints as to dosage. Altogether it is an important little work, and one that readers of the *Southern Practitioner* are advised to send for. A copy may be obtained by any physician by addressing a request for the "Taka-Diastase Brochure" to the publishers, Parke, Davis & Co., at their home offices in Detroit, providing, of course, the edition has not previously been exhausted.

MAKING HISTORY.—The development of the "Fairchild" preparations is a part of the history of the digestive ferments in medical practice during the past 30 years.

In 1879, (the year in which the first number of this Journal was published), the enzymes of the fresh gastric juice, in their natural association, were first presented in an active and agreeable form in *Essence of Pepsine, Fairchild*; in 1881, the efficient pancreatic extract, *Extractum Pancreatis*, was offered by Fairchild.

In 1882, Fairchild introduced *Peptonising Tubes*, containing the proteolytic enzyme of the pancreas, for preparing peptonised milk and other foods for the sick; *Peptogenic Milk Powder*, for preparing milk for infants, followed in 1884; *Panopepton*, a peptonised, standardised, "balanced" food for the sick, in 1893.

Diazyme—Essence and Glycerine—first presented the diastase of the pancreas in a practically isolated form; in 1905, *Holadin* was offered as an extract of the entire pancreas gland, peculiarly potent in trypsin, amyllopsin and lipase.

In Enzymol, obtained from the fresh gastric cells, the gastric juice is made available for external application.

The pancreas ferments were first utilized as "surgical solvents," and first proved to be capable of hypodermatic use, by means of the "Fairchild" products.

THE WEIGHT OF EVIDENCE.—If professional endorsement of the therapeutic efficacy of a remedy by men of recognized reputation, further supported by a successful evidence of over a quarter of a century counts for anything, it must then be logical to presume that such a product is worthy of a trial in conditions where it is clinically indicated.

No greater an authority upon Gynecological Diseases than Sims could be quoted, and from the fact that he prescribed and recommended the use of Hayden's Viburnum Compound in certain Gynecological and Obstretical conditions, is weighty evidence of its therapeutic efficiency and reputation which it enjoyed with the older members in the profession.

That it has continued to serve as a satisfactory remedy since the time of Sims, in the treatment of Dysmenorrhea, Menorrhagia, Threatened Abortion, Rigid Os, etc., its increasing popularity with the profession indicates which should warrant it worthy of a trial in these diseases, when they are presented to you.

To those physicians not familiar with the genuine H. V. C., as originated by Dr. Wm. R. Hayden, a sample with formula and literature will be forwarded upon request to the New York Pharmaceutical Co., Bedford Springs, Bedford, Mass.

A VALUABLE TONIC IN CHILDHOOD.—It is a fact that cannot fail to interest the practitioner that one of the most useful and valuable remedies in childhood is Gray's Glycerine Tonic Comp. The reason for this is quickly found in its palatability, freedom from contraindications and pronounced efficacy in the diseases common to childhood. Even the littlest children will take Gray's Glycerine Tonic Comp. without objection and no matter how run down and debilitated a child may be, this eligible remedy can be freely administered with no other than the most beneficial effect on the stomach and other digestive organs.

While broadly indicated in all forms of mal-nutrition and inanition it is in convalescence from measles, scarlet fever, pneumonia, acute bronchitis and other affections that it accomplishes its most conspicuous benefits. Gray's Glycerine Tonic Comp. restores the appetite, stimulates digestion, promotes assimilation and quickly places

the patient on the highway of health and bodily vigor. Finally, one of the great advantages of this exceedingly useful remedy is that it can always be relied upon to do all that cod liver oil can, with none of its objectionable or disagreeable features.

A CONTINUALLY GOOD MAGAZINE.—Among all the changes, and rumors of changes, in the publishing world, Lippincott's Magazine "pursues the even tenor of its way" just as it has for forty-odd years, and just as it probably will for forty-odd years more. The only change noticeable in it is that it seems to be getting better. The May issue opens with a complete novelette, of course—"The Tuharczin Case," by Edith Macvane, who wrote "The Duchess of Dreams" and "The Adventures of Joujou." Its scenes are laid in Paris and in Aix-les-Bains, a small but decidedly "fast" little town in Savoy. Thither comes a rich young American, idly touring in his motor car. A woman's face attracts him, he lingers, finds that he has fallen in love, and sets out to win the object of his affections. From this on, the plot develops with speed and intensity, incidents, episodes, and all sorts of complications constantly happening, all of them, however, having a distinct bearing on the plot. There is a mystery cleverly sustained, as well as many dramatic scenes. We can recommend "The Tuharczin Case" as an unusually good love story, fresh and vigorous.

The other short stories, essays, etc., are full in keeping with, if not better than in preceding numbers of this excellent magazine.

MODERN MARTIAL THERAPY.—Amid the veritable swarm of new medicinal agents of all varieties that have been introduced to the therapist during the last twenty years, and in spite of the great advances in general medicine during the same period, there has not as yet been proposed any remedy which can successfully compete with iron in the treatment of anemic and generally devitalized conditions. This metallic element, in one form or another, is still the sheet anchor in such cases, and when intelligently administered in proper form and dosage can be depended upon to bring about marked improvement, provided serious incurable organic disease is not the operative cause of the existing blood impoverishment. The form in which to administer iron is, however, very important. The old, irritant, astringent martial medication has had its day, and properly so. Probably the most generally acceptable of all iron products is Pepto-Mangan (Gude), an organic combination of iron and manganese with assimilable peptones. This preparation is palatable, readily tolerable, promptly absorbable, non-irritant and still distinctly potent as a blood builder and general tonic and reconstructive.

TUBERCULAR ADENITIS.—Glandular tuberculosis presents a problem to the clinician not easy of solution, for its management involves

not alone the application of drugs, but also the selection of proper diet and the ordering of and obedience to a hygienic regime which may be extremely difficult of regular enforcement. Next to fresh air and sunshine, an abundance of nutritious food, cod liver oil offers the largest measure of success and is a necessary adjunct to the foregoing measures. Since the majority of these patients are children of tender years, great care in the choice of the cod liver oil product must be exercised if the physician would derive from it the fullest remedial benefits.

The essentials of cod liver oil preparation are effectiveness and palatability, and these qualities are surely found in Hagee's Cordial of the Extract of Cod Liver Oil Compound. For these reasons Cord. Ext. Ol. Morrhuae Comp. (Hagee) is especially indicated in scrofulous conditions, and will prove to be the physician's most dependable selection from *materia medica*. It may be continued for indefinite periods.

PROPER MEDICATION AND CHEERFUL COMPANY.—During the past two months, we have met with more lagrippe than anything else, and the number of cases in which the pulmonary and bronchial organs have been very slightly or not at all involved, has been greater than we have noted in former invasions. On the contrary, grippal neuralgia, rheumatism and hepatitis have been of far greater frequency, while the nervous system has also been most seriously depressed.

With each succeeding visitation of this trouble we have found it more and more necessary to watch out for the disease in disguise, and to treat these abnormal manifestations; consequently, we have relied upon mild nerve sedatives, anodynes and tonics rather than upon any specific line of treatment. Most cases will improve by being made to rest in bed and encouraging skin and kidney action, with possibly minute doses of blue pill or calomel. We have found much benefit from the use of antikamnia and salol tablets, two every three hours in the stage of pyrexia and muscular painfulness, and later on, when there was fever and bronchial cough and expectoration, from an antikamnia and codeine tablet every three hours. Throughout the attack and after its intensity is over, the patient will require nerve and vascular tonics and reconstructives for some time. In addition to these therapeutic agents, the mental condition plays an important part, and the practitioner must not lose sight of its value. Cheerful company, change of scene and pleasant occupation are all not only helpful, but actually necessary in curing the patient.

PHOTOGRAPHIC HISTORY OF THE WAR BETWEEN THE STATES.—See the advertisement of *The Review of Reviews Co.*, on the ad. page facing the first reading page in this number; and do not fail to mail *The Review of Reviews Co.*, 13 Astor Place, New York City, your P. O. address, enclosing 10 cents in currency, and you will receive the 18 photographic reproductions. This splendid work now on press, will contain 3,500 splendid photographic reproductions of remarkable incidents in a most eventful period of American history. The text will be written by prominent survivors of the war between the States, and the work is well deserving a place in every household in the North or South. Later we will have more to say about this truly remarkable publication. However, tear out the coupon at lower right hand corner of the advertisement, and mail it as directed, with ten cents to cover cost of postage on the photographic pictures that will be promptly sent you.

LISTERINE is an efficient, non-toxic antiseptic of accurately determined and uniform antiseptic power, prepared in a form convenient for immediate use.

Composed of volatile and non-volatile substances, Listerine is a balsamic antiseptic, refreshing in its application, lasting in its effect.

It is a saturated solution of boric acid, re-inforced by the antiseptic properties of ozoniferous oils.

After the volatile constituents have evaporated a film of boric acid remains evenly distributed upon the surfaces to which Listerine has been applied.

There is no possibility of poisonous effect through the absorption of Listerine.

Listerine is unirritating, even when applied to the most delicate tissues; in its full strength it does not coagulate serous albumen.

DOCTOR AFTER PNEUMONIA.—After pneumonia, as a result of its destructive influence on the body, the tissues are depleted and bodily resistance is at a low point. The patient needs blood and vitality. Tuberculosis processes, finding no resistance, will graft themselves on the weakened patient, who drifts from pneumonia into tuberculosis. This is the time when a reconstructive of proven power is needed, a reconstructive that will make blood and put back into the jaded tissues some of their lost vitality. **NUTROMUL** (Brown's Cotton Seed Oil Emulsion) will do this. It is full of nutritious elements and is vastly superior to cod liver oil as a tissue builder. The physician giving **NUTROMUL** to his pneumonia convalescents will be gratified at the progress they make. It is the ideal tissue

food. A sample may be had by addressing the Nottoc Laboratory, Atlanta, Georgia.

PASSIFLORA IN TETANUS.—In tetanus the great power possessed by anti-tetanus serum must not be denied the patient. As its value lies in its prophylactic power rather than in its curative action, it will not be of particular service once the convulsive seizures have gripped the patient. At this period **PASSIFLORA INCARNATA** (Daniel's Concentrated Tincture) has been shown to have great remedial value. It calms the patient, relaxes the spasm and tends to neutralize the extreme nerve excitability. A large number of physicians have employed **PASSIFLORA INCARNATA** (Daniel's Concentrated Tincture) with success and, in view of the reported successes, it should be employed in every case. Give it early and in increasing dosage.

THE SECRETARY-EDITOR OF THE JOURNAL OF THE TENNESSEE STATE MEDICAL ASSOCIATION.—After three years of faithful service Dr. Geo. H. Price having positively declined re-election, Dr. Perry Bramberg, of Nashville, was unanimously chosen to succeed him. Dr. Bromberg is a graduate of the Medical Department of the University of Tennessee, and is recognized as one of the leading members of the faculty of the combined University of Tennessee and University of Nashville Medical Departments. Young, active, energetic, well read in medical learning, capable and efficient, he is in every way well qualified for the position to which he has been chosen. We cordially welcome him to the editorial guild, and extend to him and the Association our sincere congratulations; wishing him God speed in his new sphere of usefulness.

IN DEALING WITH AN INFLAMMATION, whatever may be the etiological theory, the fact remains that you have a condition manifested by swelling and pain from infiltrated tissues, redness from arterial interference and other cardinal symptoms indicating the application of hot moist heat, which relaxes tension and normalizes circulatory disturbances.

In the application of a hot moist dressing, professional preference has clearly emphasized the advantages and value of *antiphlogistine*.

Whether the inflammation be superficial, such as hand infections, boils carbuncles, etc., or of the deeper structure as in bronchitis, tonsillitis, quinsy, pneumonia, pleuritis or peritoneal involvements, *antiphlogistine applied thick and hot affords relief promptly.*"

Selections.

THE TREATMENT OF ACUTE MANIA.—I wish to present to the profession a new treatment of acute mania, based upon a theory of functional insanity, the nature of which, I believe, I have worked out. This is that functional insanity, so called, is due to the degeneration of the protoplasm of the cortex cells, and of those of the pituitary ganglion, which degeneration I have called molecular degeneration—as it is the degeneration of the units, or the elements, of which the cells are made up, as shown by the difference in the reaction to staining agents in these cells as compared with normal cells. (Vide, "The Nature of Neurasthenia and Acute Insanity," by Charles P. Noble.)

The process whereby the molecular degeneration is produced is that of autointoxication, together with hyposecretion of pituitary and of thyroid extracts. The intoxication is the result of the increased metabolism brought about by hyperthyroidism. The thought is relatively aberrant and unvolitional, and the will is relatively exalted and is not under the control of the individual; he has, relatively, lost self-control, or, in other words, the power of inhibition.

It has been found that the principle and process are the same in both neurasthenia and in acute functional insanity. It is a question of degree, and not of kind. The irritation stage of neurasthenia may be termed chronic unvolitional irritability, or chronic involuntary anger. Mania is the same thing, exaggerated "an hundred fold." Anger is the converse of righteous indignation—that is the one is immoral and the other is moral. It is a disorder of the will, or the spirit, or the soul of man. The irritation stage of neurasthenia consists of unvolitional chronic irritation, or chronic anger. It manifests itself when the individual is acting, or doing, in outbursts of irritability, or of anger, which is relatively beyond the individual's control—relatively, he has lost the power of self-control, and his thought

is aberrant, in that in the irritation stage he is optimistic and in the stage of depression he is pessimistic, although he is rational.

When the course of living—the environment—which has caused the neurasthenia is persisted in the degeneration of the cells becomes progressive, and their function becomes more and more morbid. The reserve vital force in the cells is more and more exhausted, and the potential energy has about all become actual.

If now the individual continues to force himself to do his work the overcrowded, degenerated, and exhausted cells react violently, and there is an explosion, called mania.

The vicious circle consists of the following: Of too much work, increased metabolism, chronic autointoxication, irritability, and relative exhaustion of the will; increased secretion of pituitary extract, increased secretion of thyroïdin, followed by increased and aberrant thought, and progressively increasing autointoxication.

The form of treatment which I have to suggest is that when mania first develops the subject shall be given a hypodermic of morphine sulphate—about one-third of a grain, repeated if necessary. This will temporarily quiet the patient, when he should be anesthetized with nitrous-oxide gas and oxygen. If this is administered properly the subject can be kept asleep without risk for an indefinite period. The colon should now be filled with, approximately, three quarts of normal salt solution, and at the same time hypodermoclysis should be employed—filling the subcutaneous connective tissues with, approximately, two quarts of normal salt solution.

If a suitable apparatus is employed, using three Y-tubes, four needles can be inserted at one time, and in this way the salt solution can be administered very promptly.

This process can be repeated from time to time, as the condition of the patient indicates. There can be no objection to the refilling of the colon every eight hours, and at first the hypodermoclysis may be employed once daily. Aft-

er two or three days it is probably better to intermit the employment of the hypodermoclysis, lest pressure necrosis of the connective tissues ensue.

The patient should be kept in a drowsy condition or else asleep by means of the administration of hypnotics—sulphonal, trional, the bromides, morphine, hyoscine, etc.

The object of the treatment is to break the vicious circle—to put the will in abeyance, whereby no nerve force shall be set free in the pituitary gland, and cause the secretion of the extract, and thus in turn, as this extract shall fail to stimulate the thyroid gland, thyroïdin will not be produced, and thus in turn it will fail to reach the cells in the cortex of the brain, and thus the aberration of the thought so characteristic of acute mania will not be produced, and hence this thought, this judgment, or this form of nerve force will not set free that form of nerve activity which is called the will; hence the will will no longer be accelerated, but, on the contrary, as the patient should be kept in a drowsy condition, or else actually asleep, he will be will-less.

If this treatment shall be kept up for several days the kidneys will be enabled to get rid of the accumulated toxins and the patient will therefore become rational. The condition of acute mania will have been reduced to the period of convalescence from the irritation stage of neurasthenia.

It is not my purpose in this communication to supply the data in my possession. It is my desire to present this method of treatment to those who are engaged in treating the insane, in order that they may try it for themselves. I can state that the form of treatment, if used with reasonable discretion, is without inherent danger.—Chas. P. Noble, M. D., Sc. D., of Philadelphia, in *Medical Record*.

(AS LAWYERS SEE US is the title of a somewhat humorous but rather satirical article in the *Cincinnati Lancet Clinic* of December 1910, by Stanley E. Bowdle.

Your suggestion at the Direct Legislative Banquet, that

I sometime put into writing how I feel about the doctors, is now herewith complied with.

Doctors exhibit an almighty unction, a laughable cock-suredness. They take themselves too seriously. They speak like Moses who had just come out of the Mount.

And laymen are not a bit impressed. We see a thing or two. Our risibles are in good working order. We lawyers laugh a good deal at ourselves, and the world laughs with us. Even our Republican brethen show their good sense by establishing a "Laughery Club," forty miles from Cincinnati, where they can do what they want to do in Cincinnati, but can't. The Medical Profession, however, does not seem to have any such institution, and general paralysis seems to have overtaken their risibles.

That unction-from-on-high sense, with which they seem to be endued, exhibits itself in an assumption of privilege to violate human proprieties on all sorts of curious occasions. For instance, I attended rather recently, the graduation exercises of some nurses at an Eastern hospital. The affair was a brilliant one. The nurses were awaiting the placing-on of the apostolic hands. The hall was filled with a variety of men and women from the higher walks of life. Dr. So-and-so came out to deliver the address. All expected something elevating and general, but to our astonishment, he discussed urinary and excrementitious subjects, with after-birth reflections. He seemed to rejoice in that unction which permitted him to do what no other human being would pretend to do. A laymen would have supposed that the three years' training, through which the young women had just come, would have given them sufficient knowledge of what to do in genito-urinary matters, and that their closing hours at the hospital with their relatives and friends might be free from subjects involving human excreta, but this doctor's sense of prowess, I am sure, was much accented by this exhibition of intellectual defecation before a large and admiring audience. The whole thing was pretty much as

though some law professor, at commencement exercises, were to discuss the law relative to rape or seduction.

Then again, there is the constant assumption among doctors that they are uniquely ethical in that as a profession their constant object is to reduce and destroy disease and thus amputate their own incomes. The changes have been rung on this in every conceivable form. The fact is, no doctor wants to reduce his income. He wants to increase it, just as lawyers do, or bricklayers, or clergymen. He does not want specifically that his friends, Tom, Dick or Harry fall ill. He has no evil wish against any one. He has simply that indefinite wish that his professional income increase—definite as to the wish, but indefinite as to its accomplishment. Lawyers—if their mental states are to be analyzed—wish that the world would have less trouble (after the wishers are gone where incomes are unnecessary). They wish that their friends would have trouble, and would feel the need of them, etc. Personally, I should like to have friends fall into difficulties out of which they would feel that I could get them. But how absurd is all this. How absurd is an examination of mental states.

This throwing of bouquets to ourselves and catching them and applauding ourselves is all very trifling. We lawyers have quit it. Why don't you doctors?

Doctors should be very humble. It is but a little while since you let blood, denied us fresh air, gave us lizard gizzards and excrementitious pills. We now have much more self reliance. And you did not teach it to us. I like you and sometimes consult you. But you have some things to learn.

CALLUS FORMATION THROUGH THE INFLUENCE OF FIBRIN.—Bergel (*Archiv fur klinische Chirurgie*, Bd. 93, Heft 3) says that although fibrin plays an important part in the diseased organism there is but little attention paid to its role as a remedial measure. The influence of the blood

in the healing of wounds is daily observed by surgeons. The part of the blood which brings about these results is the fibrin. Every deposit of fibrin is accompanied by leucocytosis, serous infiltration of the tissues, and new formation of granulation and connective tissue, whether it consists in the organization of a thrombus, the union of a transplanted piece of tissue, the preliminary steps of wound healing, or callus formation.

The author states that he has proved by experiments that fibrin is the excitant and the cause of these various anatomical changes which occur in normal wound healing. He has also shown that by sub-periosteal injection of fibrin emulsion marked thickening of the bone is produced. These phenomena do not result from the injection of red blood-corpuscles or serum, therefore it is shown that it is the fibrin of the blood which excites the periosteum in a specific manner to the formation of callus.

The fundamental role which fibrin plays in wound healing in general and in callus formation in particular, as demonstrated by these experiments, has already been made use of in a practical therapeutic manner. In a torpid ulcer of the thigh of twelve years' duration in a man seventy years of age, young granulations were produced by strewing fibrin upon the wound surface; also, in cases of delayed or absent callus formation union has been produced by sub-periosteal injection of fibrin. About 0.3 of a gramme of powdered fibrin is mixed thoroughly in five or six grammes of sterile physiological salt solution, and with a canula of large caliber is injected under aseptic precautions under the periosteum of the bone ends at several places, being careful to avoid open blood vessels. These injections are repeated after about eight or ten days, at which time the reaction has ceased. The symptoms of the reaction are edematous swelling lasting three to four days; temperature elevation beginning six to twelve hours after the injection and lasting at most two days; and slight pain, which is ameliorated by warm acetic acid clay poult-

tices. The symptoms produced by the sub-periosteal injection of fibrin are the same as those which are observed after fracture. The use of fibrin in the treatment of delayed or absent callus formation has the advantage that the useless and harmful portions of the blood are eliminated, and only that portion which has a specific influence upon the periosteum is used. Furthermore, it is available in concentrated, sterile, durable form constantly ready for use. —*Therapeutic Gazette.*

THE CONTAMINATION OF MILK IN THE KITCHEN.—With the advent of warmer weather the question of pure milk again engages the attention of every general practitioner and member of a health board. During the winter months it is not so insistent, but now it obtrudes itself on the surface of things and makes us cognizant of the fact that atmospheric and climatic changes have much to do with our well-being, though philosopher-like we claim to be superior to them.

The law is, of course, aiding the consumer in his demand for pure milk. Health boards everywhere are rigorously enforcing rules, making sanitary conditions in dairies a prerequisite to the securing of a permit to sell milk. Thus far we have been perhaps a trifle blind to the obverse side of the medal. Our chief concern has been to force the producer to deliver milk as pure as the most careful hygiene and sanitation can render the lacteal fluid. In this laudable undertaking we have failed to recognize the fact that the slovenly house wife is also at fault. The arraignment of the average housekeeper has not followed, chiefly on account of the natural gallantry of medical men and health officers, and because since the kitchen is a sacred precinct of the home, the prying eyes of health officials have thus far scarcely dared to investigate it.

That milk can be contaminated after leaving the dealer's hands every one is aware. Many a physician if he could be induced to investigate the sanitary conditions of

the home to which he has been called would find a filthy ice box, or some uncovered milk bottles standing in the sun or in a warm room. Such derelictions would necessarily imply dust and insects and particles of food, and would mean that the eating utensils were making close acquaintance with the lacteal fluid. The law follows the producer to the door of the kitchen and stops there.

Health authorities have a right to demand the production of milk free from contamination. They rightly insist on the good health of the cows, on sanitary barns, clean milking utensils, and aseptic hands engaged in the milking process. Some cities have gone a step farther and have established the office of kitchen inspector, or shall we say inspectress? An enlightened public opinion will some day bring before the bar of justice any house wife or servant negligent in the ordinary precautions of cleanliness. When this comes to pass gastro-enteritis in both child and adult will have gone forever.—*Lancet-Clinic*.

IODINE, EXTERNAL USES OF.—The author reports the results obtained in army practice with iodine solutions and states his belief that iodine is the long desired ideal disinfectant and antiseptic. Though having great powers of tissue peneration the writer has seen no case of poisoning even when it was mopped in full strength on the peritoneum and in the parturient uterus. It can be used to disinfect the area of operation without previous preparation; to sterilize instruments, suture material, dressings, and the hands of the surgeon. Boiling the instruments is, however, preferable, as the continued use of iodine tarnishes and affects the cutting edges. It rarely causes irritation of the hands. It can be removed from the latter by boiled or raw starch, ammonia water, or the aromatic spirit of ammonia, hydrogen peroxide, Fowler's solution, or ether. It is advisable, where long periods of operating are expected, to dip the hands in iodine and immediately decolorize with

ammonia; rubber finger cots or rubber gloves may be slipped on, and then redipped in the iodine.

A solution of one teaspoonful of tincture of iodine to the quart of physiological salt solution (roughly a dilution of 7 mgm. in 100 c.c., or 0.007 per cent.) is efficacious as an irrigation in all inflammatory and catarrhal conditions of mucous membranes. It can be used in the eye for the ordinary forms of conjunctivitis with prompt improvement. The author has found it useful in acute gonorrheal urethritis in twice or thrice this strength. When a case of mumps developed in a company of infantry the solution was supplied to the company to be used copiously as a gargle for several days; no other case of mumps developed. It is a routine treatment for all acute throat affections; in acute amygdalitis the tonsils are also mopped once daily with the tincture, and Bier's treatment with a rubber bandage around the throat applied. The iodine salt solution is excellent in cystitis, acute and chronic. Catheters kept in the tincture and transferred to the solution just before use are sterile, non-irritant, and perfectly pliable. Troublesome cases of chancroids with suppurative inguinal adenitis are rapidly hurried to convalescence by a vigorous pursuit with the tincture.

The author gives the histories of a number of cases illustrating the value of iodine in surgery. He cites six cases of ingrown toe-nail, treated by the usual excision of the offending border with its matrix, where the toes were not even washed, but mopped before and after the excision with iodine. In every case primary union took place.—*Major F. T. Woodbury (New York Medical Journal, December 3, 1910).*

WOUNDS OF HAND AND TINCTURE OF IODINE.—Reclus (*Bull. de l'Acad. de Med.*, Nov. 17, 1910) holds that in the treatment of wounds of the hand and fingers, particularly of those engaged in manual labor, the method hitherto al-

most universally followed, in which the application of an anti-septic or aseptic dressing is preceded by vigorous disinfection of the wounded parts, does harm rather than good. In the frequent conditions of such injuries when the hand of the workman is hard and cracked and, it may be, covered by a layer of black dirt, made up of epidermic debris, fatty matter, and dust, the abundant microbes resist the action of the cleansing disinfectants, and, carried by hot water into the deep parts of the wound, set up inflammation in spite of the protective dressings.

For such painful and very uncertain plan of treatment the author would substitute the application, as soon as possible after the receipt of the injury, of tincture of iodine over and around the wound. After the thick layer of the tincture, applied over the seat of injury by a small sterilized brush, has been exposed to the air for a few minutes to permit evaporation of its alcohol, the dry and brown surface is covered by a copious antiseptic dressing. This should be renewed at the end of the day or on the following morning and afterward at gradually increased intervals until it is undisturbed for four days. The application of the tincture of iodine should, it is held, be the primary and essential act in this treatment, and not be preceded by any attempt to cleanse and disinfect the wounded hand.

It is, the author points out, a very simple and ready method, but the special advantages claimed for it as a first-aid treatment in factories and in military surgery are rather lowered by the importance attached to the rule of using only tincture that is quite fresh. It is laid down as an essential condition that at the end of the eighth day it should be condemned as being not only useless but dangerous. *Reclus* reports very favorably of the results of this treatment, and asserts that with the use of tincture of iodine in wounds of the hands both acute infective mischief and chronic inflammatory edema have been very seldom observed.—*British Medical Journal*.

THE VALUE OF HUMAN LIFE.—The anti-vivisectionists and the anti-vaccinationists, always with us and always crying out for mercy to the poor dumb animals who are sacrificed to the cruel brutalism instincts of the medical profession, have been given substantial food for thought recently in two widely separated directions.

In England, Lord Cromer, and there is no more judicious or careful authority, has made public some illuminating statistics. In an Indian district with a population of 827,000 four months prior to the appearance of bubonic plague, 187,000 people were inoculated against the disease, leaving 640,000 unprotected. When the plague came 314 deaths occurred among those inoculated. Among the unprotected there were 29,723 deaths. Reduced to understandable figures only one person in every 595 of those protected died; of the others who did not avail themselves of the advance in scientific prevention one in every 22 died.

The other instance comes from Dr. W. C. Gorgas, of the United States army, in charge of the canal zone who states that since 1905 there have been no cases of yellow fever or bubonic plague on the isthmus and that malaria among the canal employes has been reduced from 821 per thousand to 215.

In spite of these patent facts the faddists and purblind objectors to the protection of humanity continue to careen through otherwise sensible and interesting journals and magazines and give forth page on page of literary hysteria to the crusade for the protection of the "poor dumb brute" against the brutalizing influence of medical research.

It were useless waste of space to call attention to the malicious fabrications of some of the descriptions of horrible scenes which these over enthusiastic laborers in self chosen charities claim to have seen; they are too well known; but it was a clever damper to enthusiasm of these somewhat human crusaders which an insistent layman spread over their exuberant if misguided efforts when he asked: "At

how many rabbits or guinea pigs do you value your wife or your husband or child?"—*Buffalo Medical Journal*.

SURGICAL AND OTHER APHORISMS.—Robert H. M. Dawson, New York, gives a collection of suggestions on surgical matters of value to the surgeon. Of these the following may be noted. In preparing for an operation the author advises the surgeon to make a mental review of every procedure and to place out everything that will be needed in order that it may be packed by the nurse. Calomel and jalap mixed do not cause griping and cause an excellent purgation, with stimulated liver action. Incisions should be made clean in one cut, not in several united. Ill-smelling pus is not always the worst. That caused by the tetanus bacillus is odorless. *Bacillus proteus* and *Bacillus coli communis* are most likely to cause a bad odor. One should use the terms "unspun silk" rather than "silkworm gut." This material consists of the abdominal contents of the worm, which would have been spun. Linen thread is the strongest suture and easily sterilized without injury. The operator should wear rubber gloves for his own protection as well as for that of his patient. Large rubber tubing for compressing limbs may be obtained at the garage from cast-off inner tire tubes. In sterilizing the skin do not use a brush to roughen it. A handful of toilet paper is much better. Shoulder tenderness may be from the large bursa beneath the deltoid muscle. Fever should not exist after the fourth day following a surgical operation. The earliest test for malignant bone disease may be made with a sewing needle. If softening from malignancy exists, the needle may be pushed into the area. The author describes five things called felons—septic cellulitis, septic periostitis, arthritis of the last phalangeal joint, aseptic involvement of the root of the nail, septic thecitis of the sheath of the flexor profundus tendon. To safeguard an amputation have the stump elevated, uncovered by the bedclothes and

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same enormous importance that drainage is to surgery, veratrum cannot be overestimated. Neither can we overlook its power to overcome sthenic states, and thereby actually to abort or modify in a favorable way acute inflammatory conditions, nor its power as an antispasmodic. Possibly it increases the normal resistance or acts as an antidote to toxins. Possibly it works through the vasomotors, restoring to the normal inflammatory areas where the vasomotor control has been lost. In these cases of acute inflammation with high fever, rapid full pulse, and impending or actual delirium, its action is little less than magical. Fitch believes that of the three agents used to reduce the rapidity of the heart and control the blood pressure in the vessels, veratrum gives the best results. Gillespie describes the action of veratrum in convulsions in a child a week old: in two minutes the spasm relaxed, and in a few minutes more the child began to vomit, had a slow pulse and sighing respiration, and in spite of total suppression of urine for more than twenty-four hours, the child was alive and well. "These children have a feeble pulse, cold surface and high internal temperature, and I never saw one recover until I began to use veratrum. In cases of any acute toxemia, it should be given in sufficient doses to produce immediate effects. Given thus, it is the greatest life saver we possess."

DIAGNOSIS OF NEURASTHENIC PAIN.—The muscular aches, the joint-pains and the backaches of neurasthenic individuals often present difficulties of interpretation. On the one hand various rheumatoid affections, obscure cases of bursitis, spinal osteo-arthritis and the like are often wrongly dubbed neurasthenic, while on the other hand, neurasthenic manifestations may be considered as indicative of a local organic lesion. Kollarits calls attention to a differential sign not found in the text-books. Whereas rheumatic or other organic affections usually become aggravated on exertion, the sufferers from neurasthenic pain

experience relief on moving about. In abdominal pain this may aid in differentiating an appendicitis or other inflammatory process from a neurosis.

In neurotic tachycardia and in pseudo-angina pectoris the same holds true, though less uniformly. In an attack of true angina pectoris the sufferer is nearly always rigidly quiet, as the slightest motion aggravates the pain. In pseudo-angina, on the contrary, we find the patient nervously pacing the floor.

These differences in the symptomatology suggest the proper treatment. In neurotic pain, instead of the quiet that is indicated in organic affections, the patient should be encouraged to indulge in moderate out-of-door sports. In pseudo-angina, or in nervous tachycardia, cardiac remedies, especially digitalis, should never be given. A symptomatic treatment—arsenic if the patient is pale or nux vomica if his appetite is poor—is usually followed by a disappearance of the cardiac symptoms.—*Medical Standard*.

TREATMENT OF WHOOPING COUGH.—Berliner, writing in the *Munich med. Woch.*, has another method for the treatment of whooping cough. He thinks that practically all the long list of drugs usually employed are unsatisfactory, with the exception of quinin, used by him in a special manner. Finding that insufflation of quinin frequently produced paroxysms of coughing, he has for the past two years employed in all cases an ointment containing from 15 to 40 grains of quinine in from 2 1-2 to 4 drams of lard, according to the age of the child. Three or four times a day, a pellet of the ointment, about the size of a pea, is introduced into each nostril by means of a small glass rod. The child is placed on its back so that the ointment may penetrate to the deeper parts of the nasal cavity. In one case the improvement was immediate, but as a rule, considerable benefit was secured at the end of three or four days. Not only do the paroxysms diminish in number, but they decrease in severity, the fit of coughing subsiding into

an ordinary cough, as it gets less frequent. Some relapses occur, but they yield to renewed treatment. The treatment is much more effective the younger the child. The general convulsions consequent on the paroxysms in children under two years of age cease, as a rule, as soon as this treatment is begun. The method has the additional advantage that it is easy of application.—*The London Practitioner*.

PHALACROSIS.—The British Medical Journal had a good story last month of jurors and medical evidence. A leading citizen was had up for assault and battery. One of the witnesses was a local doctor, whom the prosecuting attorney proceeded to worry, suggesting that he was prejudiced in favor of the defendant, and had, therefore, willfully distorted his evidence in his favor. The doctor denied this, and went on to say that the defendant was suffering from "phalacrosis."

The word caused a sensation in the court. Asked to define the disease, the doctor described it as "a sort of chronic disease of an inflammatory nature, which affects certain cranial tissues." Asked if it affected the mind, the doctor said he was not posing as an expert, but he had known some persons who were suffering from the disease become raving maniacs, others merely foolish, some showed destructive and pugilistic tendencies, while many others had suffered for years and had never shown any mental abnormalities. He refused to say anything further, and the jury promptly acquitted the "leading citizen," because, as the foreman explained, "the doctor said there was something the matter with his head." When the case was over the prosecutor sought enlightenment as to the mysterious disease, and found that "phalacrosis" meant baldness!"—*Law Notes (London)*.

THE PATHOLOGY OF SUICIDE.—Bartel (Wiener Klinische Wochenschrift) says that there is a close association between suicide and the status lymphaticus. The writers' attention was drawn to the matter by observing this condition

in three autopsies he carried out on suicides. The subjects were a young man aged eighteen and two young girls aged nineteen and twenty-one. All had enjoyed apparently good health, and in each case there were well-marked signs of lymphatism, including considerable hypertrophy of the thymus gland. A further study of the subject is based upon 122 autopsies of suicide, of which sixty-seven were male and fifty-five female. The most constant anomalies were relative to an exaggerated development of the thymus and the lymphatic systems, and this was especially marked in the young subjects, so that in the majority of cases in this category there was present an actual status lymphaticus. Other points noted were a deficiency in the development of the arterial system in proportion to the size of the individual, and a frequent colloid degeneration of the thyroid gland. The ovaries were almost always large and usually showed the presence of numerous follicular cysts. Anomalies in development were also common.

THE USE OF ELECTRICITY IN CHRONIC DISORDERS OF THE STOMACH.—Lewis Henry Levy and Jonathan Godfrey Wells, New York, advocate the use of electricity in the treatment of most chronic diseases of the stomach which have not responded to the regular medicinal methods of treatment and diet. The large percentage of cures and improved cases show the value of this agent. Electricity stimulates the flow of gastric juice; it stimulates the healthy glands, and increases the motor power of the stomach. The analgesic effects of galvanism are seen at once in cases of gastralgia. The authors review the different methods used in the application of electricity. The most generally useful is the intragastric, in which by means of electrodes swallowed the current is applied to the interior of the organ; the use of water in the stomach during the application makes the current reach the stomach more generally than when it is empty. The polyphase or triphase method also gives good results. In disturbances of secretion galvanism

is most useful; in disturbed motor conditions faradism is to be preferred. Illustrative cases are given.—*Medical Record*, February 4, 1911.

PREPARED.—Into the consulting room of Sir Choppham Fyne, head of the famous surgical hospital in Splintshire, the attendant admitted the attractive young woman who had written "urgent" on her card. "And what is the matter with you?" said the great man. "I wish," she answered, "to become a nurse in this institution." The surgeon tapped a thoughtful tooth with his lancet. "First one question. Have you had any previous experience?" She dazzled with a reassuring smile. "Experience!" she cried. "I should think so. Two of my brothers play football, another has tried to cross the English channel in an aeroplane of his own make, mother is a suffragette and father keeps a motor car."—*Merck's Archives*.

SOCIETY DISCUSSIONS.—To people who wish to participate in discussions, I would offer the following suggestions. They are offered in the kindest of spirits:

1. Do not say anything unless you have really something to say.
2. Say it in as direct and clear a manner and in as few words as you can.

3. Do not bring in your hobby into every discussion.

If you follow these instructions, the rest of the audience will bless you.—*Critic and Guide*.

NEURALGIA:

| | |
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| Quininae Sulphatis..... | dr. j |
| Morphinae Sulphatis | |
| Acidi Arsenosi | aa grn. jss. |
| Ext. Aconiti | grn. xv |
| Strychninae Sulph..... | grn. j |
| M. et ft. pil. No. xxx. | |
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ARTERIAL HYPERTENSION.*

BY W. A. OUGHTERSON, M. D., NASHVILLE, TENN.

By hypertension is meant a blood pressure in the peripheral arteries persistently above normal limits, and some observers add, should be associated with hypertrophy of the left ventricle and accentuation of the aortic second. The latter incident is not always present, especially in early cases. Unfortunately the cause or causes of this condition are not quite clear in the minds of the profession. A number of causes have been mentioned, which from their popularity

*Read at regular meeting of Nashville Academy of Medicine, April 4, 1911.

and currency, if for no other reason, deserve recognition and consideration.

The causes fall into one of two classes, namely, mechanical and chemical. First, it is claimed that hypertension is a compensatory result in such conditions as endarteritis, which partially blocks a part or all of the vessels of the body. The heart meeting with this condition, hypertrophies and blood pressure rises. As proof of this position the frequency with which arteriosclerosis is manifested in such cases is quoted. There are several objections to this theory. First, clinically checking the condition of the heart with variations in blood pressure, if due to obliteration, why should blood pressure change? Second, endarteritis may be absent on histological examination and still a very high pressure exist.

A variant of this theory is that it is not endarteritis which causes the hypertension, but arteriosclerosis; the heart, owing to the loss of dilatibility and contractility of the blood vessels has more work to do to meet the requirements of the tissues.

This argument might be accepted if we were seeking for an explanation of the maintenance of a normal blood pressure in the presence of arteriosclerosis. The chief objection that I would raise to this argument is, why the heart by hypertrophying should not only meet extra demands to supply blood at normal pressure, but should actually produce elevated pressure. One other objection to the occlusive theory of the peripheral arteries being a cause of hypertension is that the fibrosis should under this condition be a common feature of the organs of the body, but the careful observations made by H. B. Shaw in twenty-nine fatal cases of hypertension has shown that fibrosis, though met with in the kidneys in each of the cases, has not occurred in the liver in a single case.

One other objection may be raised, namely, that it has been well established that hypertension may exist before the blood vessels show evidence of sclerosis, and before the heart

hypertrophies. This latter statement is only a clinical observation and must be taken for what it is worth. But when an appeal is made to pathological histology of cases of hypertension, the theory that occlusive diseases of the blood vessels, or arteriosclerosis, is the cause of hypertension falls flat to the ground. In my opinion the reverse obtains, hypertension will cause arteriosclerosis.

Still other views center around the idea that occlusion of the blood vessels is responsible for the hypertension! Capital is made of the fact mentioned above that the renal arteries may be and are occluded in some cases of hypertension. Again, some cases of hypertension are found to terminate fatally when occlusion disease of the kidney vessels is absent. One other objection is the fact that one kidney may be ligated or completely excised and still hypertension does not follow. Even after both kidneys have been removed experimentally there was no hypertension following.

The same objection holds good for the occlusion theory of the vessels in the splanchnic area. It has been argued that arteriosclerosis and atheromatous stiffening of large vessels above the diaphragm like the aorta, is responsible for hypertension. We may admit for argument's sake that such a condition is very frequently met with. It does not appear to be an adequate explanation for the reasons already given, namely, that it would be reasonable to expect in such a case that the heart assisted with greater effort to maintain a normal pressure it would be unreasonable to expect the heart to assist still more to produce a much higher pressure than normal. And, lastly, the variability of pressure seems to me would demand a variability of the arteriosclerosis, atheroma, or endarteritis of the vessels suggested, a view which is alien to the permanency of such changes when once established.

Another explanation which has been popular and still is, is that part of the kidney substance is rendered inoperative by occlusion or arteriosclerosis of branches of the renal

artery, and cardiac hypertrophy and hypertension comes into play in order to pass through the surviving kidney substance all the blood of the body for depuration purposes. This view also is untenable for the same reason, that occlusion of any district of arteries is incapable of producing hypertension. A point against this as a possible cause is the removal of a whole kidney which is not followed by hypertension.

A number of other theories have been advanced having a bearing on possible mechanical causes of hypertension, which time will not permit being brought up in this paper.

In my opinion, mechanical causes have but little to do with hypertension as a cause of its production.

CHEMICAL CAUSES.

This term must be used in a broad sense. By chemical agencies we mean soluble bodies which can permeate the whole vascular system, operating on nerve ends or the vasomotor centers; or on the termination of motor nerves distributed to the muscular coats of the vessels or muscular elements of the heart. It was thought at one time that metabolites, as urea, uric acid, xanthin, etc., which could no longer, owing to inefficiency of damaged kidneys, be extruded from the body, or were found in such elements which, owing to the disorganized state of the kidneys, were formed; and, not being excreted, accumulated in the body to its undoing; producing as some of their harmful effects, hypertension, cardiac hypertrophy, etc. It is claimed by some who have investigated the action of these bodies that not a single metabolite of either order has any pressor influence on vasomotor reflex. On the other hand, are found to be depressor. A further unsatisfactory point is that such views do not trouble themselves with the explanation of why the kidneys have reached such an unsatisfactory condition as to be imperfect eliminators of the toxic substances, so that except from our clinical observations we lack evidence to prove that meta-

bolic changes in the body tissues are responsible for hypertension.

The more recent conception looks to the supra-renal bodies, and the pressor portion of the pituitary body as a cause. In the case of obstruction to the renal circulation resulting from some inflammatory condition, there is an increase in the amount of blood to the inferior supra-renal artery which is a collateral of the renal artery. The consequent hyperemia of the adrenals would lead to their hypertrophy, and with this would come an increase in the production of adrenalin, which would cause a rise in blood pressure.

Atrophy of the testicles and ovaries have been definitely demonstrated to have relation to hypertrophy of the supra-renals and pituitary body, hence the hypertension at the menopause. * * (Marcuse in the *Berlin Clinic*.)

The possibility of an internal secretion of the kidney has also been taken seriously in this connection, but lacks evidence. Interesting discoveries have recently been made that proteid substances undergoing putrefactive changes in the digestive tract may develop pressor bodies. Knowing as we do that substances elaborated in the intestines are eliminated by the kidneys, for instance the ethereal sulphates, it would look reasonable to accept the theory of development of such pressor bodies from the proteids of food from the intestinal canal, and their absorption resulting from the faulty condition of the kidneys met with in hypertension cases.

A word in support of this theory is the beneficial effects of purgatives, diuretics and diaphoretics. On the other hand, we may ask ourselves, does this explain the almost constant kidney change seen in sclerosis of the kidney and hypertension?

I shall not take up the matter of technique in estimating blood pressure. The systolic pressure is easily calculated with a sphygmomanometer. It is impossible to arrive at

anything like accuracy in the diastolic pressure with the ordinary apparatus. The diastolic pressure is of great importance. A number of crude methods have been suggested, the combined obliteration and auscultatory method. One other is the combined obliteration and digital method. Both of these require more or less experience and study, and are then of doubtful value.

The cumbersome apparatus required for accurate readings (of diastolic pressure) is not of practical value outside of office or hospital.

THE VALUE TO BE GAINED BY A KNOWLEDGE OF BLOOD PRESSURE

There are very few rules in medicine that have no exception. This statement may well be applied here. The blood pressure in the radial arteries is subject to wide variation in different individuals and still may be compatible with fairly good health. It may be said, roughly speaking, that normal limits range from 100 to 150 m. m. of mercury. The latter may be slightly high, yet we see individuals live a long time and quite comfortably with a pressure of 160. . It might not be out of place here to say that some of the most marked cases of arteriosclerosis are seen to have a low blood pressure. This is seen especially at the beginning of a cardiac breakdown.

Irregularity in the musculature of the heart causes disturbance of the pulse, a condition readily recognized when well advanced, but very difficult of recognition when the changes are beginning, especially in a high tension pulse. The use of the sphygmomanometer is here a great aid. By partially obliterating the pulse and studying it in its thready condition, or about the time diastolic pressure is reached, this, I think, is a great aid in recognizing early defective myocardium. Any case of persistently high blood pressure not otherwise accounted for should direct our attention to the kidneys, and even though the urinary findings are negative, we may look forward to kidney involvement at an early date. Occasionally, however, the left ventricle gives way even before changes in the kidneys are manifest by

urinary findings. The cases that show pressure readings of 170 and upwards leave no doubt in our minds about an early termination, including rare exceptions. The cases in which the pressure remains from 160 to 170 without urinary findings and the changes of the heart sounds of questionable character—these are the class of cases that will tax our judgment in the way of rendering a definite prognosis. Here the condition of the heart muscle becomes an important factor. Inasmuch as we are not considering the auscultatory phenomena, reference will only be made to blood pressure. A test which has been carried out with a good deal of satisfaction is the bending movements. The blood pressure is accurately estimated, then the patient, in the erect posture, feet together, palms forward, body flexed at the hips, in an effort to make the fingers touch the toes without flexing the knees. This movement should be carried out ten times vigorously in rapid succession, and the blood pressure estimated quickly. In the healthy adult the pressure rises a few millimeters and rapidly falls again. In case of weakened myocardium this temporary rise in pressure does not occur. On the other hand there will be a distinct fall with diminished pressure, and frequently the pulse will have become irregular. Here I shall add a word of caution. This test should not be carried out in the presence of a pressure of 200 m. m. or in high grade arteriosclerosis, or in an apoplectic tendency.

Sudden and marked elevation in blood pressure is seen in acute Bright's disease. Buttermann states that he has frequently seen a rise of 50 m. m. within forty-eight hours after the onset of acute nephritis. The routine use of the sphygmomanometer in suspected cases of approaching uremic disturbances is as important as the routine examination of the urine. Cases of arteriosclerosis with hypertension and albumin in the urine and casts, in which a sudden fall of pressure occurs, we have a right to suspect a giving out of the heart. Fox and Batroff claim from their investigations that hypertension is a very important factor in ocular

hemorrhage and other conditions such as acute glaucoma. In the series of 100 cases of ocular hemorrhage the pressure ranged from 160 to 265 m. m.

Before leaving this subject of high pressure, I would suggest that the pressure should be estimated as a routine procedure in all pregnant women, as we will frequently meet with cases where eclampsia is threatening in the absence of urinary changes.

A persistent high pressure in a pregnant woman is said to be equally as important as the findings of albumin. In fact, traces of albumin are not uncommon in pregnant women who go on to quite favorable termination, but a high blood pressure in connection with albumin with or without casts is said to be of very great significance.

TREATMENT.

It might have been mentioned in connection with possible causes that the vast majority of cases of hypertension are seen in individuals leading a life of responsibility, long hours of work, worry, improper diet, too little time for rest and recreation.

In view of the many possible causes that are said to be in operation it makes each case one unto itself in so far as the general management goes, notwithstanding that many of the cases present the same train of symptoms.

I know of no condition in which the co-operation of the patient is needed more in order to successfully handle a case with any degree of satisfaction, the general management offers more than medication, the physician should be thoroughly familiar with every detail in the patient's life, the amount and nature of work done, the amount of sleep and recreation, a knowledge of financial affairs is often of much importance, the possibility of any source of mental anxiety, the state of the digestive tract, the genitourinary tract should also be looked into, rectum, prostate in the male, pelvic organs in the female, even though no reference is made to these organs by the patient, one or more of them

may be a fruitful source of irritation due to existing pathology.

There is no question about the beneficent effect of a period of rest and freedom from the every-day cares and worry in these cases; next to rest I would suggest a properly regulated diet, for there is no question in my mind about the great importance of diet. In one case it may be the proteids, another carbohydrates, some special article may cause much disturbance in another, and by all means the minimum amount that is compatible with proper strength and nutrition should be the rule.

I know no condition in which the advice of George Cheyne could be of more service than in the cases of hypertension, quoting as follows: "Every wise man after fifty should begin to lessen the amount of his aliment and if he would continue free from great distempers, and preserve his senses and faculties clear to the last, he ought every seven years to go on abating gradually, and sensibly, and at last descend out of life as he ascended into it even unto the child's diet."

When rest is advised, that does not mean that the patient should go home and go to bed, although some patients require rest in bed with properly regulated baths and massage. Where possible a vacation should be arranged for that will take the patient *entirely away from his home influences and surroundings*.

In most cases total abstinence from liquor is beneficial, coffee and tobacco seem to have a bad influence on many cases, in others less harm appears to follow its use. Experimentally nicotine will cause a greater elevation of blood pressure than any other drug. The bad effects of excessive indulgence in sexual intercourse, I think, is not sufficiently emphasized. To summarize, briefly, a life of strict temperance in every detail offers more than anything else.

MEDICATION.

With all due respect to the men of wide experience and prominence in the profession who have obtained most excel-

lent results following the use of drugs, in my hands drugs have been rather disappointing, with a few exceptions. On the other hand, where I have had intelligent co-operation from the patient nearly all have been improved. I could not say that any have been cured, except in young individuals, in which the case was of short duration and no evidence of changes in other organs.

In most cases the treatment should be begun with a dose of calomel or blue mass, followed by some form of saline daily over a considerable period of time.

Iodine in some form, potassium, soda, or straight iodine Tr., seems to do good in many cases, especially in the syphilitic. Whatever good is to be derived from iodine we must administer it over a long period of time.

Brunton's well known prescription will reduce pressure in the great majority of cases—Sodium Nitrite Gr. I to III, potassium nitrate Gr. X., potassium bi-carbonate Gr. X. three times daily in a tumbler of warm water. The reduction of pressure is by no means always followed by improvement, as I can recall quite well several cases in which the patient was confined to bed as a result of too much interference with arterial pressure by too rapidly reducing it. I do not think serious harm is liable to follow by temporarily reducing the pressure, but certainly some patients are made very miserable, for that reason I would advise the cautious administration of the above-mentioned prescription.

Nitro-glycerine will reduce the pressure in most cases quite promptly, as a rule the effects are transient and do not last more than half an hour.

Strychnine seems to have a good tonic effect, whether the heart is particularly involved or not. Too much direct interference with the pressure aside from what may be accomplished in the general management of the case is not to be advised.

135 Eighth Avenue, South.

INJURIES OF THE HEAD.*

BY DUNCAN EVE, JR., M. D., NASHVILLE, TENN.

Head injuries form not only the most common, but the most important class of injuries which a surgeon is called upon to treat. I will mention a few simple injuries so as to call attention to one or two points in regard to them.

Contusions: If a contusion involves the forehead it may produce physical signs, both objective and subjective, which might confuse the surgeon in his diagnosis with a fracture of the anterior fossa of the base of the skull. In such an injury as a contusion of the forehead, that is, if it is a severe one, we generally have bleeding from the nose, and, if present, it is thick, dark blood and does not recur or continue after the first few hours, unless disturbed by dressing that displaces the clots. The swelling occurs right after the injury and discoloration begins superficially and gradually, involving the deep layers of the skin and subcutaneous tissues, and the swelling is not confined especially to the eyelids. Now in a fracture of the base, the hemorrhage from the nose is much more severe and is thin, watery, light colored blood, which trickles out for many hours; the swelling of the eyelids develops slowly and the discoloration begins in the deep tissues and comes gradually to the surface. Therefore, where there is the slightest doubt of diagnosis, we should keep the patient in bed for a few days.

Laceration of the Scalp: Extensive wounds always bleed profusely, especially if in the neighborhood of the temporal or occipital regions, sometimes we find the hemorrhage is alarming. In the treatment of such wounds, the most important thing is the complete arrest of all hemorrhage, therefore the chief point in these cases of hemorrhage is to remove the clots from under the lacerated edges before bringing the edges together with sutures or compress. Large

*Read at annual meeting of the Tennessee State Medical Association, April 13, 1911.

blood clots are soft and they prevent the flaps from being pressed firmly upon the bone and the hemorrhage cannot be controlled. I have had several patients to bleed so much that their condition was alarming, yet the bleeding was controlled promptly by removing the clots and applying a small compress and a firm occipito-frontal bandage.

If the wound is on the top of the head, then it is best after closing the wound to place a small compress of gauze and make pressure with your hand some two or three minutes before applying the recurrent bandage, because with such a bandage it is impossible to get firm pressure.

Depressed Fracture of the Skull: With fracture of the vault of the skull, we have more or less cerebral compression and sometimes the dura is ruptured and the brain lacerated. The symptoms and signs of simple fracture of the vault are not always easy to diagnose at once, because the swelling of the soft parts may so mask the damage to the bone that one cannot accurately feel the fracture; the swelling usually feels doughy to the touch. In such cases, we should give a general anesthetic and make an exploratory incision over the area, or the X-ray can decide the question. If we have an extensive fracture with marked depression, of course, it will be very easy to diagnose.

Compound fractures can be made out easily. With such injuries, we frequently see patients able to walk into the hospital and tell us all the details of the accident. I have had several patients in the past four or five years to walk into my office with such an injury.

Report of a Case: J. L., employe of the N. & C. R. R. shops, walked into my office a few months ago, giving a history of having been struck accidentally with a hammer. Examination of the wound showed he had a compound fracture over the parietal region. As to his general condition, there was nothing more than would indicate a laceration of the scalp. I gave him immediate attention, shaving the scalp, sterilizing the wound and placing a sterile dressing

on same and sent him to the hospital. Under general anesthetic I made a horse-shoe shaped incision around the lacerated parts and lifted the flap, finding a depressed fracture, which, upon being removed, disclosed a slight lacerated condition of the dura. This dural laceration was sutured with No. 0 plain catgut. I placed a small drain of catgut from the dura through the lacerated wound which was in the middle of the horse-shoe flap. This drain was removed on the second day and the patient dismissed on the fourteenth day from the hospital, and returned to work on the twenty-first day.

Cerebral Compression from Hemorrhage: Traumatic hemorrhage is nearly always from one of the branches of the middle meningeal artery. It generally occurs in connection with a fracture of the vault or base of the skull; but rupture of the artery may, however, occur without any fracture. As a rule, there is a distinct period of consciousness between the accident and the lasting coma. There is a tendency of the blood to spread downward towards the base of the skull, and one of the typical signs is dilatation of the pupil on the affected side. The more pronounced the paralysis of the face, the lower the position of the clot; and the more pronounced the paralysis of the legs, the higher the position of the clot. If the hemorrhage follows a fracture, there is usually a history of temporary concussion followed by reaction and a lucid interval. This interval varies from a few minutes to a few hours, and then occurs gradually, drowsiness finally ending in coma. When the compression is complete, the patient is in a comatose condition, which is usually characterized by a slow and full pulse, stertorous respiration with dilated and sometimes fixed pupils. Paralysis also results, which varies, owing to the position of the clot. In some cases, we notice twitching of various muscles, and when this occurs some laceration of the brain is generally present. In regard to the treatment. If it is localized hemorrhage, as from a blow, operate as soon

as the localizing signs will enable one to locate the clot. In such cases, we think we can give a favorable prognosis. But if following a severe injury, the hemorrhage is profuse, it may extend over nearly the whole half of the cerebrum, operation may do some good in relieving the intracranial tension and for drainage, but the prognosis will be very unfavorable.

Concussion of the Brain: By concussion of the brain, we mean a state of unconsciousness into which a patient falls after an injury and before enough hemorrhage has taken place to cause symptoms of compression. It may or may not be associated with fracture. The striking feature about concussion is the loss of consciousness right after the injury, usually without the loss of power of the voluntary muscular system.

Report of a Case: Mr. P., switchman, a few weeks ago fell off a box car. I arrived a few minutes after the accident and found the man unconscious. He was sent at once to the hospital. I found the following symptoms: temperature a little sub-normal, pupils dilated, but reacted to light, respiration a little slow, pulse in the 70 without increase of tension. The surface of the body was pale and cold. Raise his extremities and you would find they still had their power. There was no paralysis. Place a spoonful of water in his mouth and he would swallow or spit it out. He would respond to loud calling, pinching the skin or touching the conjunctiva. After a few minutes in the hospital he began to rouse himself, groan and move his extremities, roll around in bed and open his eyes and appear unconscious of his surroundings. He gave his name, but when asked in regard to how the accident occurred, he had no recollection of it. The first few days after the accident he complained of slight headache and some dizziness. On the tenth day he was discharged, but he was still unable to tell anything about the accident.

Fracture of the Base of Skull: The anterior fossa is

marked by the lesser wing of the sphenoid; the middle fossa is bounded by the lesser wing of the sphenoid in front and the petrous bone behind; and the posterior fossa extends from the petrous bone to the lateral sinus behind. The fractures are not necessarily limited to a single fossa. The line of fracture most frequently passes through the middle fossa, breaking the petrous bone at its weakest part, which is in the neighborhood of the middle ear, consequently there is great risk of septic complications. Fractures of the base are nearly always compound, also in a majority of the cases they are independent of fractures of the vault. Fracture of the anterior fossa becomes compound through opening into the sphenoid sinuses or upper nasal passages, therefore blood and cerebrospinal fluid passes through the nose. Fracture of the middle fossa, as a rule, involves the petrous bone, therefore becomes compound by communication through the external auditory canal, from which blood and cerebrospinal fluid escape. Fracture of the posterior fossa remains simple unless the basilar process be broken and the pharynx be opened. In the average case, we find the patient lies in a state of profound coma from which nothing will arouse him. The pulse is full, strong and slow; the temperature is slightly elevated; respiration is slow, deep and stertorous; cheeks are puffed; reflexes are abolished; pupils dilated and usually fixed and do not respond to light; and if you place water in the mouth of the patient, he cannot swallow.

Taking up some of the symptoms of most striking character we have:

Hemorrhage: In the anterior fossa, there may be free bleeding from the nose, due to a fracture through the cribriform plate of the ethmoid; but some of the blood may pass backward into the pharynx, then swallowed and perhaps subsequently vomited. However, the line of fracture more often passes across the roof of the orbit, blood escapes into the orbital cavity; then we have ecchymosis gradually making its appearance beneath the skin of the eyelids and also be-

neath the conjunctiva, but the effusion rarely extend above the cornea.

In the middle fossa, the blood escapes from the ear, but it may also run down the eustachian tube into the pharynx and may appear in the nose or mouth. In every case of hemorrhage from the ear, it must be positive that the blood does not reach the ear from without.

In the posterior fossa, bleeding is usually subcutaneous showing around the mastoid process and along the muscle at the back of the neck, and ecchymosis may not show itself for several days.

The appearance of cerebro-spinal fluid is one of the most positive signs of fracture of the base, especially if the discharge from the ears follows prolonged hemorrhage. Cerebro-spinal fluid escapes most frequently from the ear, sometimes from the nose and very rarely the mouth, although it may reach the latter through the eustachian tube, or from a fissure opening in the sphenoidal cells. It passes to the nose from a fissure through the ethmoidal cells. The flow may appear right after the accident, but in some cases it may not appear until several hours afterwards. The flow is temporarily increased by sneezing, coughing and vomiting. The amount may be small, but sometimes it comes away in large quantities. The fluid at first is red, being mixed with blood, later it becomes clear like water. The fluid is recognized by the large amount of salt which it contains and by its low percentage of albumin which distinguishes it from blood serum. It is alkaline in reaction and of low specific gravity.

Nerve Injuries at the base of the skull are very likely to result when the line of fracture runs through the foramina of exit where the nerve would be lacerated, crushed or compressed, producing paralysis on the same side, and the exact situation of the fissure may thus be determined. We also have paralysis due to the injury of the brain itself, as suffusion of blood and laceration of the brain; in such cases the

paralysis is on the opposite side. The nerve most commonly involved is the facial, as it passes through the aqueductus Fallopii, and we would more than likely have paralysis on the same side. The involvement of the second, third, sixth and eighth nerves have all been observed as the result of fracture of the base. In looking over the recent literature, it is surprising to notice that the mortality has dropped from 90 per cent. to the neighborhood of 50 to 60 per cent. This is due mainly to the decompressive operation.

The Boston City Hospital reports 59 cases operated upon with a mortality of 53 per cent. Cincinnati Hospital operated upon 19 cases, with a mortality of 63 per cent.

Cushing of Johns Hopkins Hospital has the most remarkable result, losing only two of the last 15 cases of basal fracture.

Treatment: The three prime indications in surgical treatment of fracture of the base are: Asepsis, relieving compression and drainage.

Asepsis: In case the fracture communicates with the nose, the nostrils are sprayed with mild antiseptic solution, gently dried and packed with sterile gauze, the packing should not be very tight, the idea is to filter all the air reaching the seat of fracture. In the middle fossa, first place a little piece of sterile cotton in the canal of the ear, then wash the whole outer ear with green soap and sterile water, then remove the cotton and douche the canal with warm normal salt or boric acid solution and insert gauze loosely into the canal. Now place fluff gauze on this and retain with a bandage. Compression is relieved by the decompressive operation and lumbar puncture. Most fractures involving the anterior or the middle fossa, the operation would be sub-temporal trephining in the temporal region with drainage. Cushing advises, on both sides, with fracture of the posterior fossa, the operation should be occipital decompression with drainage.

Cases with dilatation and fixation of both pupils, deep

rapid rise of temperature and stertorous breathing
ely benefited by operation. Now, we often see cases
h the coma is not profound after the accident, but
rows gradually or suddenly worse, showing signs of
ed intra-cranial pressure, then operation with drain-
l save many of them.

ubar puncture should be done for diagnostic and
autic purposes; it is a positive means of distinguish-
-dural hemorrhage from supra-dural, also it dimin-
he intra-cranial tension. Ransohoff uses repeated
puncture in cases in which the coma is not profound,
ims that this takes the place of the decompressive
on.

BLOODLESS CIRCUMCISION AND ITS TECH- NIC BY USE OF A NEW INSTRUMENT.

BY S. L. KISTLER, M. D., OF LOS ANGELES, CAL.

umcision, one of the most common minor operations,
ways been bunglingly done, notwithstanding its sim-
for the reason that no satisfactory method for doing
nt has been available till now.

s operation, though an old one, is still interesting and
have long been wished for, whereby it could be more
quickly and sanitarily performed and be attended
ss hemorrhage, and, consequently, meet with less ob-
on the part of the parent and patient. Many a sur-
as lost his best clients, and likewise many a good
t has gone glimmering because of the unfortunate
e of this little surgical job. Any of the following
s will convince the most skeptical that the operation
ful and should be done:

Convulsions. (Reduces tendency).

Incontinence, urinary.

Masturbation. (Lessens desire).

4. Irritability, sexual.
5. Passion, excessive.
6. Sexual frigidity, in women.
7. Premature ejaculation. (In male).
8. Impotency, in men of all ages, especially old men.
9. Spermatorrhœa.
10. Venereal diseases—not so easily contracted by men—thus fewer cases of pelvic disease in women and consequently fewer belly cases to operate.
11. Mucus membrane conserved, consequently nerve stimulation better than from ordinary operation.
12. Hygienic.

A casual observation of the cuts which follow will make apparent to the physician the ease with which this operation can be done by use of this instrument. It requires only one-quarter of time that other methods need, is practically bloodless, as all ligatures are uniformly placed and tied before the clamp is removed.

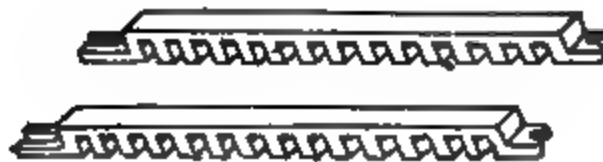
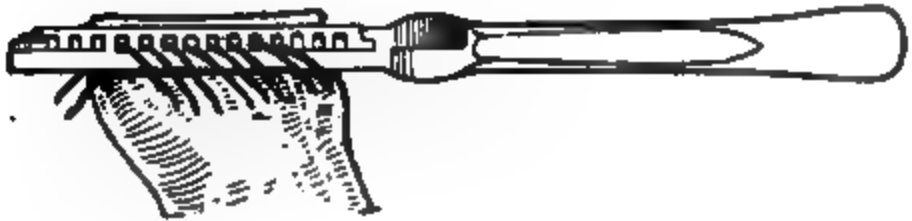
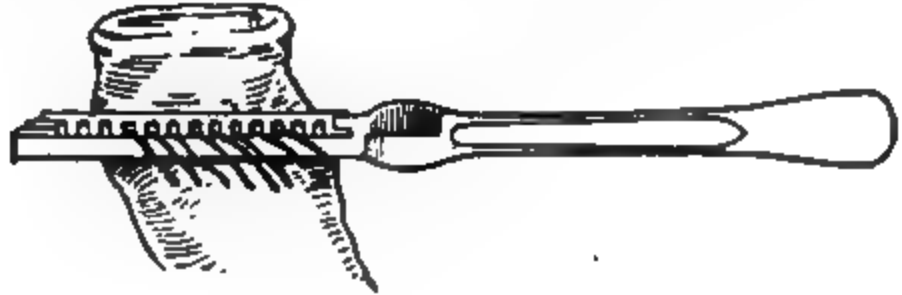
DIRECTIONS.

1. Use local or general anesthetic.
2. Pull foreskin forward moderately, using spear to extend and hold mucus membrane, if desired.
3. Place "Clamp" (meanwhile holding mucus membrane as noted).
4. Insert ligatures through ports (allowing them to protrude about four inches on each side).
5. Excise foreskin and mucus membrane with scissors.
6. Remove ports (leaving "Clamp" blades in position; ligatures being in place). Now, pull up center of end ligature, (by taking hold of it intermediate to the walls of mucus membrane), to a height of, say, two inches; cut loop in center and tie on respective sides.

So continue until all ligatures are tied.

Then, place a ligature anteriorly, also one posteriorly, if desired.

7. Three-day, cat-gut sutures are suggested.
8. Remove "Clamp", push tissue over corona, apply dressing and treat as usual.



**CUT FRAENUM
IF NECESSARY**

9. An antiseptic oil dressing is recommended.
10. Adhered cases require splitting on dorsal aspect in order to break down adhesions.

Then apply "Clamp" and operate as above directed; (or, split foreskin on both dorsal and inferior aspect and operate one side at a time; no ligatures to pull up, only skin and mucosa to unite).

11. As is evident—a longer portion of mucus membran and a comparative shorter portion of skin is obtained by this operation (than by the one generally performed).

12. Females—are operated, one side at a time; if parts are too long for removal by a single application of the "Clamp," you will apply it twice in succession, as is obvious.

A better result is obtained by this operation than by the one usually done, as too much mucous membrane is usually removed and too little skin, whereas the use of this instrument requires that more mucous membrane be left. There is practically no blood, no anxiety, no misgivings as to results, and the work is done quickly and easily.

Many females need circumcision, and the operation is more easily performed than in the male. The clamp is applied singly to such elongated or hypertrophied parts as it is desired to remove, ligatures inserted, part excised, upper part of blades removed, ligatures tied without necessity of pulling up loops, etc., clamp removed and dressing applied.

I have never tried this instrument for protruding pile tumors (of considerable length), but it occurs to me that a beautiful operation could be performed by its use, for the reason that double ligatures could be inserted through vein posterior to the sacculated portion, and then the set of ligatures used for the vein could be withdrawn from the skin; thus the vein could be tied separately and the skin then closed with the other set of ligatures, loosely tied, which would incidentally hold the vein in close contact with the skin.

The features of my clamp are the notched, removable portion of the blades and the smooth surface along which to remove the redundant tissue without danger of cutting any of the ligatures which have been inserted, thus leaving

just the margin required to hold the stitches securely, after which, the removal of the loose portions of the blades, leave the sutures free for rapid tying, while the remainder of the instrument is still in place.

3146 Vermont Avenue.

ENDOMETRITIS.

BY J. J. O'SULLIVAN, M. D., NEW YORK CITY.

Being a friend of Glyco-Thymoline for many years, I have no hesitancy in endorsing it at any time. As regards my experience with it in Gynecology, will say that I have a record of some ninety cases in which I have used Glyco-Thymoline to a greater or less extent and have always found it of great value in reducing engorgements and promoting a healthy condition of the tissues. The following cases serve to illustrate the usual method followed in applying this agent:

Case I.—Mrs. H. G., aged 24, married three years, multipara, occupation, housewife; gave the following history: Began menstruating at age of 14 years and had always been very regular during the menstrual period, had always had some pain which had, however, become intense during the last two. Past two months had suffered severe backache and pain throughout the pelvic region; bowels constipated. Digital examination showed the cervix to be very tender and engorged with some slight congestion of the uterus itself, accompanied by a profuse whitish discharge. Diagnosis of cervicitis being made, a tampon of cotton soaked in pure Glyco-Thymoline was applied and patient directed to inject small amount of Glyco-Thymoline pure into vagina twice a day. Tampons of cotton and Glyco-Thymoline were repeated every other day and patient discharged in one month cured. Aside from an occasional saline laxative no other treatment was used.

CASE II.—Mrs. M. H., aged 21, married; multipara; occupation, housewife; came to me complaining of intense pain throughout the pelvic region, feeling of weight and bearing down sensation; bowels constipated and frequent micturition, having to void her urine from five to six times nightly, which was accompanied by severe burning and tenesmus. An examination disclosed a lacerated cervix with considerable inflammation of the endometrium. Treatment consisted of tampons of cotton and pure Glyco-Thymoline applied every second day with intra-uterine douches of a hot 25 per cent. solution of Glyco-Thymoline applied by means of Chamberlain's glass tube. This patient has been under my treatment for three months now and the laceration has almost healed, which I expect to be complete in two or three weeks when I will discharge her, the inflammation of the endometrium having long since disappeared.

Selected Articles.

TREATMENT OF DIFFUSE PERITONITIS.*

BY G. D. GREGOR, M. D., WATERTOWN, NEW YORK.

From a glance through recent medical literature one would naturally think that to discuss the nature or treatment of diffuse peritonitis would be entirely superfluous in our society. But despite all this literature on the subject it seems hard for the profession to unlearn some of the traditions of the past. It has occurred to the writer many times that it would be an advantage to the profession if the term peritonitis as a disease in itself could be excluded from our books. It certainly would be a happy

*Read at the fourth annual meeting of the Fifth District Branch of the Medical Society of the State of New York, at Syracuse, N. Y., Oct. 19, 1910.

circumstance that would wipe out all that has been written of this disease, prior to ten years ago, and also eliminate it from the mind of the profession, thus allowing us to begin again with a clean slate. Then armed with a little anatomy, and considerable physiology of the peritoneum, with a little bacteriology and an accurate idea of the valuable points in the peritoneal cavity, no physician would be satisfied with the diagnosis of peritonitis alone, but would pursue his investigations until thoroughly convinced as to the underlying cause. No case of peritonitis can be treated scientifically and probably not successfully without an accurate idea of its cause, or as it usually is, the disease that has preceded it, be it pus tube appendicitis or gastric ulcer.

The term diffuse peritonitis is used advisedly. It does not seem necessary to wait until the entire peritoneal cavity is invaded by the inflammatory process before we designate it as diffuse; nor should we feel the necessity of accompanying such diagnosis with the death certificate of the patient as the late Dr. Senn taught. It surely is not a local process even if the infection has traveled no farther than the navel in its upward or downward progress from its original source. Our nomenclature along this line needs to be better standardized for what to one man is a local process is to another a general peritonitis, what to one is a diffuse inflammation to another is simply an appendicitis. I am willing to admit, however, that the distinction between a local process and beginning diffuse inflammation is often difficult. It probably is a fact that every local inflammatory process is accompanied by more or less reaction throughout the adjacent peritoneum which gives rise to symptoms, and conditions within the peritoneal cavity, resembling a spreading infection that may confuse the best diagnostician and the best pathologist until careful bacteriological studies have been made of this apparently infected peritoneum.

To intelligently treat peritonitis we must remember a

few fundamental facts regarding the anatomy and physiology of the peritoneum. It is then a serous sac, of very irregular shape, and of an area nearly equal to the external surface of the body; that in certain localities it is in remarkably close relationship to the lymphatic system; that this close relationship is most marked in the diaphragmatic region where the lymph arches virtually reach into the peritoneal cavity; that this arrangement is a special device of nature to favor rapid absorption; that it is capable of absorbing fluids, bacteria and even foreign particles into the lymphatic system at an extremely rapid rate. The general circulation also plays an important part in this absorptive power of the peritoneum, but it is secondary to that of lymphatics.

This absorptive power of the peritoneum is not uniform throughout, but it has been intimated is most marked in the diaphragmatic region, next comes the omental area, then the visceral region, the parietal surfaces, and finally the pelvic portion which has the least absorptive power of any part of the peritoneum. If we will but stop a moment to think of it, this is in accord with clinical experience. Infections in the upper abdomen are the most serious. An appendiceal abscess located among the coils of intestines give us more severe symptoms than one external to the colon on the parietal wall, while the pelvis may be full of pus without producing very serious constitutional results. Then we can say that the whole clinical picture of acute peritonitis depends upon this absorptive power of the peritoneum and that it is not always the most extensive inflammatory trouble that is most to be feared, but rather other things being equal, it depends upon the location of the process.

From a clinical standpoint we can consider peritonitis as a bacterial disease. We still have reported, occasionally, cases which are said to be idiopathic, and other cases where the bacterial origin of the disease could not be discovered, but these cases are so rare that they need not be

considered. In my own experience no such case has occurred. In every one investigated there has been a continuity of tissues from the source of the infection, to the peritoneum, except in one case of pneumococcus infection. In this case there was a left-sided empyema, but no direct perforation of the diaphragm from pleura to peritoneum could be found, though there might have been such perforation but so small as to have escaped observation. A lymphatic or hæmatogenous infection, however, could readily have occurred.

Murphy gives the following bacteria as those of most importance in producing a diffuse peritonitis in the order named: The colon bacillus, the streptococcus, the pneumococcus, the bacillus pyocyaneus, the typhoid bacillus, the gonococcus and the staphylococcus pyogenes aureus. These bacteria gain entrance to the peritoneal cavity usually along well known routes. These routes are in the main but four, and are: the appendix; the female genitalia; the pyloric region, and the gall bladder. Probably 95 per cent. of all cases of peritonitis can be traced to one of these sources. Penetrating wounds of the abdomen, rupture of the bowel by blunt violence, perforating typhoid ulcers, extension of infection from a suppurating navel or epididymis, perforation of a liver or lung abscess will account in the main for the remaining 5 or 10 per cent. The first four sources of infection, however, should always occupy the foreground when we are approaching a case of peritonitis.

To refer again to the physiology of the peritoneum, the first means of defense it takes against invasion is absorption; second, there is a pouring out of serum containing antibacterial, antitoxic and opsonic bodies and phagocytic cells. The effect of this secretion is the destruction of the bacteria by granular disintegration and the liberation of endotoxins. Now the peritoneum is so well able to take care of its own infection that she has often little regard for the general welfare of the patient. If the invasion be extensive and

the destruction of the invading bacteria and consequent liberation and absorption of endotoxins is too rapid the patient dies of a fulminating toxæmia. So this ability of the peritoneum to care for infection is not always an unmixed blessing unless we aid her along a line which I shall mention.

While wishing to avoid the pathology of peritonitis it seems necessary, however, to mention another function of the peritoneum before passing directly to the treatment, as it has a direct bearing upon the subject. In addition to the serous exudate previously spoken about, there is also deposited in the face of infection, a fine film of fibrin which serves to entrap the invading bacteria and render them susceptible to the action of the phagocytic cells. If the invasion be not too rapid this entrapping of the bacteria tends to localize the process and then nature builds a wall of exudate about the infected area thus shutting it off from the general peritoneum, and making of it a purely local process, which may eventually result in the production of adhesions or the formation of an abscess.

The ability of the peritoneum to care for infection depends in the first place, upon the rapidity of the invasion, or, in other words, the dosage; upon the type and virulence of the invading bacteria and upon that quality of the individual that we vaguely speak of as the resisting powers of the patient. Foreign material introduced into the peritoneal cavity with the bacteria greatly increase the chances of dissemination. Such foreign materials may be particles of food, fecal matter, bile, urine, cyst contents or extraneous substances introduced through external wounds of the abdominal wall.

Any procedure, whether it be movements of the patient, increased respiratory efforts, manipulations of the abdomen or increased peristalsis produced by drastic cathartics, will tend to disseminate the invading bacteria and make it more difficult for nature to control the invasion, therefore it naturally follows that our aim in treatment should be first to

remove the source of infection and second to minimize the dissemination of the bacteria already in the peritoneal cavity.

No doubt, the title of this paper suggests to most of you operation, but the result of operations depends so much upon the pre-operative treatment that I feel more like giving most of my time to the general management rather than to the operative treatment. To illustrate this point: A few months ago a child was brought to the hospital suffering from general peritonitis; the attending physician gave this history: he had seen the case the day before. She had been sick two or three days with pain in the right side and some vomiting. There was a bunch in the appendiceal region, but he was not satisfied as to its nature, so he made up his mind to give a brisk cathartic and find out what it was and he found out within a few hours. The effect of peristalsis produced by the cathartic broke down nature's barrier about the infected region and a diffuse peritonitis was the result. Deaver puts it very tersely when he says: "The first sign of oncoming peritonitis, or even of a condition known frequently to give rise to it, should be the signal for the institution of anatomical and physiological rest of the intra-abdominal organs and particularly of the gastrointestinal tract."

This is the key-note in the treatment of peritonitis. Therefore, the first thing toward this end is to put the patient to bed, thus obtaining bodily quiet and a diminished respiratory activity. Following rest in bed and the limiting of bodily movement, we endeavor to control peristalsis by withholding all nourishment by the mouth, both solid and liquid. In no case of impending or established peritonitis give a cathartic. I know of nothing that will more disseminate the infection throughout the peritoneal cavity than a good brisk cathartic.

There are so many conditions of gastro-intestinal irritation that are relieved by this method, that it is virtually a household rule, especially with children, to administer a

laxative if there is pain in the abdomen. It has occurred to me many times that the cause of the large percentage of diffuse peritonitis occurring in appendicitis in children was due to the mother making a diagnosis of worms or over-eating and administering a cathartic. I have seen the deplorable effects of cathartics so frequently in my consultation work, that I have often wished I could take down some of the time-honored mottoes from the walls of the house and substitute one that should say, "If the child has a pain in the belly do not give a cathartic, but send for the doctor."

I believe, however, that a soap and water enema given slowly and carefully will often relieve the patient and should be a part of the regular treatment. An ice-bag to the abdomen diminishes peristalsis and absorption and further tends to keep the patient quiet, so it should be used.

The giving of an opiate in peritonitis is strongly condemned by most authorities at the present day, as it tends to intestinal retention and consequent toxic absorption. It is said to retard leucocytosis. It interferes with the kidney excretion and therefore of the elimination of toxins by the kidneys, and still I use it guardedly, as it diminishes restlessness and peristalsis.

Perhaps one of the most important steps in the treatment of diffuse peritonitis that has been taken within recent years is the postural treatment, or, in other words, the Fowler position. This consists, as you know, of putting the body on a slant of 40 to 50 degrees either by elevating the head of the bed or by the use of back rests. Several different methods have been devised but all with the same object in view. The idea of the position is very simple. Its purpose is to drain noxious fluids away from the absorptive area of the peritoneum—the diaphragmatic area—to the less dangerous area, the pelvic. I believe that this should be a part of the pre-operative treatment as much as a post-operative method.

A short time ago a boy of 13 years was brought to the hospital with the following history: Acute right side ab-

dominal pain and vomiting Saturday night; Sunday, painless but more soreness in the side. He was treated by the mother by the usual method, by cathartic, with the usual result. At eleven o'clock Sunday night he was seized with a terrific general abdominal pain and vomiting. He was seen at 6 a. m. Monday morning by the family physician who brought him to the hospital as soon as the arrangements could be made. When I saw him at 1 p. m. his condition was desperate, countenance pallid and pinched; eyes sunken, extremities cold and clammy, pulse 160, temperature 102 degrees; general abdominal rigidity and tenderness. Now, what had happened? A ruptured appendix, letting free a big dosage of virulent bacteria into the general peritoneal cavity, the destruction of many of them by the phagocytes, the liberation of endotoxin and their rapid absorption through the diaphragmatic area, resulting in a fulminating toxæmia. No doubt this absorption was greatly favored by his having been moved six miles on a cot over a rough country road and 25 miles in an express car in the same position. Elevation at an angle of 45 degrees, continuous protoclysis, the withholding of everything by the mouth and hypodermic stimulation restored his condition sufficiently after 60 hours so that we were able to remove the gangrenous appendix and drain the peritoneal cavity with ultimate recovery of the patient. Now, I believe that immediate operation would have killed this boy, and I believe that he would have died under any treatment other than the Fowler position and Murphy's protoclysis. Then of equal or rather of more importance that the Fowler position in the treatment of diffuse peritonitis is the use of Murphy's protoclysis. This consists of the constant administration of a saline solution by the rectum. The reasons for the introduction of fluid into the system by this method are many but are virtually all covered, when we remember that in diffuse peritonitis the patient practically is bled into his splanchnic vessels. So we restore the fluid to his circulation. By restoring the circulatory fluid we

stimulate the heart, the kidneys begin again their work and carry off deleterious products, and the other glandular organs begin again their functions and the patient is put in condition to make a fight against the invading bacteria.

You probably are all familiar with the method of using continuous rectal irrigation. Personally I have never used any of the recent contrivances to improve upon Murphy's method, but still use simply the douche can with the level of the fluid from six to twelve inches above the anus. The fluid is kept warm by two hot water bags in the bed. The tip that is introduced into the rectum has a sharp bend in it so as not to be disturbed by the bedding when the patient moves, thereby irritating the rectum. From a pint to a pint and a half of the saline solution can be used every hour by this method. In operating cases, usually at the end of 24 hours, I begin to interrupt its use, and it is usually permanently discontinued at the end of 48 hours. I have had a few cases where it was not well borne, that is, the patient became more restless and apparently more distended by its use. In such cases I have used it for an hour, then discontinued it for two hours.

I believe that the most benefit is obtained by the use of the Murphy method in operated cases, but I am equally sure it should be used in all cases operated or not. Stomach lavage is of use occasionally in diffuse peritonitis. In cases of extensive intestinal paresis it will relieve the troublesome vomiting for a time, but with some patients it produces such an amount of gagging that its benefits are over-shadowed by the damage done by the muscular exertion produced.

In every case of diffuse peritonitis the question of operation is bound to come to the front.

In acute perforation of the stomach or duodenum or perforation of the intestines by accidental causes or typhoid ulcers, operation is the only thing that is going to cure the patient. That is, the source of the infection must be cut off, and the sooner this is done the better the chances for the patient's recovery. Such operations done during the first

24 hours give good results, but after that time the mortality rapidly increases. In gall bladder, appendix and pelvic organ infections there is always the chance of the peritoneal invasion subsiding leaving us with a local abscess to contend with which can be cared for with little danger.

There is no question, however, but that the safest method, especially in appendix patients, is early operation. The earlier the safer. After 36 or 40 hours it is a much more serious matter to decide which is the better course to pursue. I think it can be stated as a fact, that the general practice among surgeons is to operate if the general invasion has not existed more than 24 or 36 hours, but after that point opinions differ. Dr. Gerster in a recent paper stated that it is the custom of the Mount Sinai Hospital to take every case of diffuse peritonitis directly from the receiving room to the operating room, without regard to the length of time that the peritonitis had existed. Other operators make it a hard and fast rule not to operate a case of diffuse peritonitis if the trouble has existed over 24 hours, but to wait for localization and then simply open the abscess. The trouble with this method is, that many cases never localize but go on to a fatal termination. My own experience has led me to pursue a middle course between these two plans of treatment. I always operate as early as possible, but if the patient's condition does not seem favorable to operate when first seen, we try to improve the condition by withholding everything by the mouth, by the Fowler position and by rectal infusions of a saline solution until the condition is favorable for operation, and just as soon as it is we operate, whether it be the third, fourth or fifth day.

The operation is always made as brief as possible. There is no flushing out of the peritoneal cavity, no wiping or sponging. If the appendix is the offending organ it is taken out, if it can be done without unduly prolonging the operation. If it is buried in extensive adhesions or is difficult to find, it is left alone to be dealt with subsequently

if necessary. The pelvis is drained with a rubber tube supplemented with a cigarette drain; a cigarette drain is also used at the base of the appendix and another one is carried into the kidney fossa in occasional cases. The wound is closed down to the drains, a voluminous dressing is applied which is kept moist with a normal salt solution and changed when necessary. The patient is put in bed and the treatment continued as already outlined.

Usually within 48 hours the patient has so improved that the saline is discontinued and the bed is lowered to the normal or nearly normal position. I believe it is a mistake to continue the Fowler position too long after operation, as it favors a mechanical ileus by gravitating the small intestine over the drainage area, where adhesions occur and subsequently angulation of the gut and obstruction. In cases where the paresis of the bowel does not disappear (a dynamic ileus) after operation as indicated by a falling temperature but with increased distension and vomiting, with inability to pass flatus, I first resort to a few doses of eserine salicylate and if this does not answer a secostomy is done, or any distended loop of intestine seen in the wound is opened. It is always a disagreeable procedure to resort to, but beyond question it is a life saver sometimes.

There are many other interesting points in the management of these desperate cases that I should like to mention, but this paper has already over-run its legitimate dimensions, so I shall leave it to the discussion to take up the points that the society deem of the most interest.—N. Y. *State Journal of Medicine*, April, 1911.

Reviews and Book Notices.

Tuberculosis as a Disease of the Masses and How to Combat It. International Prize Essay by S. Adolphus Knopf, M. D., of New York. 8 vo. paper, pp. 122. Price 25 cents, postage prepaid, 1911, 7th American Edition; enlarged and revised. 64 illustrations. "The Survey," 105 E. 22nd St., New York, Publishers.

Dr. Knopf has for some years been recognized as one

of "Our Authorities" on Tuberculosis. His "Prize Essay" has been quite largely distributed throughout the civilized world, having passed through six preceding editions in this country, with twenty-seven Foreign Editions in twenty-four different languages. However, it is so practical, so thorough and so clear in its teachings that in our opinion, it is deserving a place in every household. Furthermore, we would respectfully suggest that it be made a text-book to be used in the senior classes of our public schools.

Gonorrhea in the Male; A Practical Guide to its Treatment. By Abr. L. Wolbarst, M. D., Prof. of Genitourinary Diseases N. Y. School of Clinical Medicine; Consulting Genitourinary Surgeon, Central Islip State Hospital; Visiting Genitourinary Surgeon, People's Hospital Dispensary, etc., etc. 8 vo. cloth, pp. 182. International Journal of Surgery Co., Publishers, New York, 1911.

In this little monograph we have facts, not theories; a treatment based on the most modern practice, devoid of harshness only too often resorted to; its teachings are up-to-date in every particular; differential diagnosis has been given a prominent position; all the known methods of diagnosis are given in detail and illustrated when possible; it is not a text book, but a practical guide to diagnosis and treatment; and has been written for the general practitioner and not the specialist.

Plaster of Paris and How To Use It.—By Martin W. Ware, M. D., Adjunct Attending Surgeon, Mount Sinai Hospital; Surgeon to the Good Samaritan Dispensary; Instructor of Surgery in the New York Post Graduate School. Second edition revised and enlarged. Price, cloth, square form, \$1.25. De Luxe leather \$2.50. Surgery Publishing Co., New York, 1911.

The exhaustion of the first edition and the persistent demand for this helpful book were the incentives for this second edition, which has been completely rewritten and enlarged and thus its scope of usefulness has been greatly extended. Complete new drawings and marginal side notes in red embellish the book and ninety illustrations are used

to more clearly put up to the eye of the reader the intent of its subject matter.

Such information as History, Materials, Manufacture of Bandages, Storage, Bandages of Commerce, Calot Plaster Bandages, the Immediate Preparation of Bandages, Application and Precaution, Removal of Bandages, etc., are all given under the contents of The Plaster of Paris Bandages. Then follows such chapters as Application of the Plaster of Paris Bandage to Individual Fracture, Fractures of the Upper Extremity, Fractures of the Lower Extremity, Moulded Plaster of Paris splints, Plaster of Paris in Orthopedic Surgery, etc., and all presented in such a comprehensive manner as to make this book of particular service to every doctor. The mechanical features of the book are decidedly striking.

HEALTH HINTS AND HEALTH TALKS, by E. R. Pritchard, Secretary of the Chicago Department of Health, 12 mo., cloth, pp. 153. Price, fifty cents. The Reilly & Brittain Co., Publishers, 258-260 Wabash Ave., Chicago, Ill., 1911.

A series of short, terse essays on health and its preservation. The hints and talks give information in plain, simple language on how to avoid needless sickness; on sanitation; on the benefits of fresh air; on sleep; on recreation; on eating; on contagion; on prevention of consumption; on ventilation; on drinking water; on correct breathing; on food for babies; on exercise, etc.

A book easily read—consecutively or at odd moments—and with profit to every reader—layman or physician.

ONE THOUSAND SURGICAL SUGGESTIONS, by Walter M. Brickner, B. S., M. D., Adjunct Surgeon Mount Sinai Hospital, Editor-in-Chief *American Journal of Surgery*, with the collaboration of James P. Warbasse, M. D., Harold Hays, M. D., Eli Moschowitz, M. D., and Harold Neuhof, M. D. 225 pages. Cloth Bound Semi-de-Luxe, \$1.00. Full de Luxe, Leather, \$2.25. Surgery Publishing

Company. 92 William Street, New York, U. S. A. Fourth American edition.

This is one of the biggest little books ever presented to the profession. In its 225 pages are found a collection of 1,000 epigrammatic, succinct, virile and instructive hints, based upon actual experience and every one a lesson.

The suggestions are so arranged and indexed that all subjects covered can be immediately referred to and the particular hint upon any particular subject immediately found. It bristles with pointed and useful suggestions which in many cases might just turn the scale from failure to success. Its mechanical presentation is a feature worthy of mention. It is square cloth bound, stamped in gold, printed upon India tint paper with Cheltenham type, with special marginal side headings in red. A dollar could not be better invested than in the purchase of this book.

MEDICAL JURISPRUDENCE, FORENSIC MEDICINE AND TOXICOLOGY, by R. A. Witthaus, A. M., M. D., Professor of Chemistry, Toxicology and Medical Jurisprudence in Cornell University; and Tracy C. Becker, A. B., LL. B., Counsellor of Law, Professor of Criminal Law and Medical Jurisprudence in the University of Buffalo with the collaboration of August Becker, Esq.; A. L. Becker, Esq.; Chas. A. Boston, Esq.; Hon. Goodwin Brown; W. N. Bullard, M. D.; J. Clifton Edgar, M. D.; E. D. Fisher, M. D.; H. F. Loomis, M. D.; W. B. Outten, M. D.; Roswell Park, M. D.; J. B. Woodward, M. D.; and as many more of almost if not equal national reputation as authorities. Second edition. Royal 8 vo. Cloth, pp. 1261. Vol. IV. William Wood & Co., Publishers, New York, N. Y. 1911.

We take great pleasure indeed in calling the attention of our many readers to the completion of the second edition of this truly magnificent work, it being in fact and indeed, a splendid monument to its two distinguished authors and their very able collaborators, only about half of whose names we have given place to in our rescript of its title—of whom some have already passed to their reward. The entire fourth volume most fully considers the important

subject of "Toxicology," and is the work of Dr. Witthaus, who, in addition to his work in connection with "Cornell," is also Emeritus Professor of Chemistry and Toxicology in the University of Vermont.

The first four pages give a table of important cases referred to, about 330 in number. After the table of contents we have a historical introduction of about 26 pages, the reading of which is interesting as a classic romance; following is a bibliological reference of 24 pages, covering the time from the earliest writings on toxicology to the present.

Dr. Witthaus' definition of a poison being so terse but logical that we quote it in full: "*A Poison is a substance which, being in solution, or acting chemically upon, the blood may cause death or serious bodily harm.*" However, he quotes and refers to other standard authorities on this point.

The volume is divided into the following sub-heads: General and special toxicology, mineral poisons, metallic poisons, vegetable poisons, animal and synthetic poisons, all of which are both ably and exhaustively discussed. An analytical index of thirty-eight and a half pages, full and complete, concludes this splendid work. We regret that time and space precludes going more fully into our review. However, we will say, that the publishers have done their work in the way and manner that has for so long made their name a "*household word*," especially as to medical works. This book in its four volumes should find a place in the working library of every progressive member of both the legal and medical professions.

SEMI-CENTENNIAL MEMORIAL. The Photographic History of the Civil War, in Ten Handsome Volumes. Francis Trevelyan Miller, Editor-in-Chief; Robert S. Lanier, Managing Editor, pages 10x7½ inches in size. Vol. 1. The Review of Reviews Co., New York, Publishers. 1911.

The first volume of this magnificent Historical (in every

sense of the word) Work has just been received, and it is truly a "dandy." Read the advertisement on the ad. page facing first reading page in this number, and you will be able to see a slight representation of what the work purports to be. We have only had time to glance briefly over Volume 1, and its pages, but from what we have seen, it will surely prove to be the "work of the age," a most fitting monumental memorial of the great and terrible struggle that overspread this great country from 1861 to 1865. But then you can get a more satisfactory idea by sending one dime—just ten cents to the Review of Reviews Co., 13 Astor Place, New York City, and will also get for this small, insignificant sum eighteen of the marvelous reproductions of the photographic illustrations, that constitute a most excellent accompaniment of the historical text.

The illustrations and text are printed in a most perfect manner on beautiful, highly calendered paper and bound in three different styles, from a most excellent blue cloth binding to full Persia leather; as a matter of course differing in price, but all can be procured at a very small cost indeed.

We have not time or space just now to give anything like a satisfactory review of the volume before us. However it considers in its 369 truly marvelous pages a history of the first battles; its contributors being Wm. H. Taft, Henry W. Lanier, Eben Swift, French E. Chadwick, Geo. Haven Putnam, Marcus J. Wright, Henry W. Elson, and James Barnes, all names of illustrious and national reputation.

It is "dedicated fifty years after, to the men in blue and gray whose valor and devotion have become the priceless heritage of a united nation."

The first picture is a beautiful reproduction of Fort Barancas as it was in 1861, and its last is both a life-like and speaking likeness of Gen. Jno. C. Breckinridge, in whose division I had the honor of serving as a regimental surgeon as he looked to me at the battles of Murfreesboro, Battle

Rouge, and other stirring times of those days of '61 "that tried men's souls."

Preceding the title page is a most excellent map of "important battle grounds of the Civil War," the actual battlefields being indicated by stars. Succeeding its last printed page is another map of "the theatre of Virginia campaigns," which includes all of the "Old Dominion, with West Virginia, and parts of Kentucky, (the eastern), and parts of East Tennessee and North Carolina, with a part of Ohio in the northwest, and all of Maryland, in the northeast.

From the first volume, taking that as an index, we can say that it will prove to be a most fitting literary and art production that would be most worthy of a place in any library, public or private, prince or peasant of the land in which we live.

From what I have so far learned, I think I can speak by the card and say, that it will be a most impartial history of one of the greatest events of modern times.

Again, we say, just send along your dime, and if you are not satisfied with that investment, and will kindly write me to that effect, I will refund your expenditure, inclusive of your 2 two-cent postage stamps. Now my dear medical brothers, who may see this notice, just take me up, if you dare.

Editorial.

ANNUAL COMENCEMENT OF THE MEDICAL DEPARTMENT OF THE UNIVERSITY OF NASHVILLE AND THE UNIVERSITY OF TENNESSEE.

It was a splendid body of young physicians who received their final degrees of Doctors of Medicine on the evening of May 1, 1911, at the Vendome, as representatives of the graduating classes of the medical departments of the University of Nashville and the University of Tennessee.

Sixty-two graduates, representing the medical departments of the University of Nashville and the University of Tennessee, received their degrees. Dr. R. O. Tucker, Dean, presided over the exercises and performed that duty in a most pleasant manner.

In the long history of the institutions there has never been a body of young men who completed their course in medicine and surgery, who finished with any higher standard of efficiency or that have any greater attainments. In a combined class of sixty-two in number there were sixteen on the honor roll, that is, made an average percent of 90 and better during the four years that a student must remain in the institutions.

George Franklin Aycock of Tennessee, representing the University of Nashville class, attained an average for the four years of 98 1-100 per cent, capturing the founders' medal of his college. Dr. Darbari Ram Pal, of far away India, was awarded a similar medal from the University of Tennessee, on an average of 97 28-100.

The address of the evening was delivered by Dr. Ira Landrith, and Prof. J. I. D. Hinds made the address for the faculty. The lower floor of the theater was comfortably filled with friends and relatives of the young men, and there was an overflow in the gallery, all forming a brilliant audience.

Dr. Landrith spoke of the great responsibilities resting on those who were about to go out into the world to wrestle with the problems of their profession and said that it was no little thing for them to see to it that the succeeding generations should be proper, true representatives of the human race. No man owed quite so much to society as the one who started on his career as a doctor in this the twentieth century.

As a layman, Dr. Landrith thought that, with a high standard of medical men, the position of the most prestige was not the minister any more than the doctor.

The time was past when young men entered the profession just to make a living, said the speaker. They now took up the career because they believed in it.

It was a poor doctor who cured without faith, but there should be no patience with those who relied solely on faith. Still there should never be any divorcement of the religious and the medical things. The architect of the great human system upon which the doctor expected to build his career should not be forgotten.

Dr. Hinds, speaking for the faculty, emphasized what it was to lead a successful life. It must be predicated on professional education. Real success depended on real merit. People could only be fooled for a while at best. It was a disgrace for a man to enter

upon the practice of medicine to fight only for the accumulation of a fortune.

The professor admonished the class to give themselves up to diligent study and apply themselves morning, noon and night. They should also be clean in body and clean in thought. Bad habits should be severely eschewed. The spirit of gentility should always be a guiding principle and a doctor should live as a Christian gentleman. The loftiest thing was duty to service.

The following is the list of graduates:—J. E. Anthony, J. R. Gamble and J. M. Russell, of N. C.; Geo. F. Aycock, W. A. Bell, Jr., Samuel Brown, A. C. Broyles, F. B. Clarke, A. B. Coon, M. D. Davis, H. C. Ezell, S. S. Foster, W. L. Gossett, Samuel Hardeman, Wm. I. Howell, A. G. Hufstедler, W. D. Martin, Clark Miller, E. E. Miller, J. R. Miller, L. De W. Murphy, Jas. M. Rogers, R. D. Southard, L. E. Wheat and H. C. Wysong, Tennessee; A. S. Brown, W. M. Dickens, Geo. W. Douglas and R. M. Fancher, Texas; W. C. Cain, J. D. Eiland, Curtis Johnson, Wm. S. Johnson, J. A. Mixon, B. C. Rudder, B. S. Scarborough and L. M. Tompkins, of Alabama; Jos. A. Courtemanche, Massachusetts; M. C. Crandall, H. G. Crawford, Ph. G., A. Wilson Hale and Samuel E. Smith, of Arkansas; Thos. L. Davis, of South Carolina; J. B. Dowling and B. S. Williams, Florida; L. T. Ferrell, R. Franklin Phillips, C. R. Sharp and DeWitt T. Turnipseed, of Mississippi; F. V. Frazier, Missouri; Leonard Green, W. A. McDonald, Samuel R. Scott, Thos. E. Steen, W. P. D. Tilly and Jacob Zeigler, of Louisiana; C. E. Myers, Illinois; Darbari Ram Pal, of India; Harry Press and Geo. F. Ryan, of New York; L. B. Taylor, of New Jersey; and Howell A. Scott, of Oklahoma.

Those on the honor roll were: George Franklin Aycock, Tennessee; Walter A. Bell, Jr., Tennessee; Sam Brown, Tennessee; William Columbus Cain, Alabama; Jasper Boswell Dowling, Florida; John Daniel Eiland, Alabama; Herschel Charlton Ezell, Tennessee; Walter Lee Cossett, Tennessee; Wilson A. Hale, Arkansas; Sam Hardeman, Tennessee; Clark Miller, Tennessee; John Roberts Miller, Tennessee; Darbari Ram Pal, India; Harry Press, New York; Jesse Milton Russell, North Carolina; R. Dallas Southard, Tennessee.

Of the foregoing the following have already been assigned to prominent hospitals: George Franklin Aycock, City Hospital; John Daniel Eiland, A. Wilson Hale, Tennessee Hospital; Darbari Ram Pal, Harry Press, Joseph Arthur Courtemanche, Paterson General Hospital, Paterson, N. J.; Howell Austin Scott, St. Thomas Hospital.

The degrees were conferred on the graduates of the University of Nashville by Prof. J. I. D. Hinds; and on those of the University of Tennessee, by Prof. Brown Ayres, President of the State Uni-

versity. The prizes were awarded by Prof. David R. Neil, M. D., in a brief but eloquent and tasteful address.

TONIC MEDICATION.

The more closely and the longer one studies disease and the phenomena attending what has been called the "Unphysiological state," the more apparent it becomes that the basis of the great majority of human affections is a decrease or perversion of bodily structures or functions constituting a pathological condition. Furthermore this is more than evident from even the most superficial observation of the disorders of digestion, nutrition, secretion and excretion or elimination, and the wonder is that more attention has not been given to increasing functional activity and restoring the correct physiological balance. Unquestionably the keynote of any successful treatment of depraved or perverted function of tissue cells or even the special organs, is appropriate stimulation using ways and means that clinical experience and observation have shown capable of producing effects that are not only prompt and positive but are prolonged and substantial.

Many and various have been the measures employed to restore the physiological activity of the cells and functions of the debilitated and run-down organism, but too many have had objectionable features of one kind or another. Years ago therapeutic study and observation demonstrated that the best results were obtained from a judicious combination of tonic remedies, with each ingredient selected and proportioned to bring out the virtues of each to the fullest. A timely and *apropos* quotation we make from "*Potter's Materia Medica, Pharmacy and Therapeutics*" in his article on "*Classification of Medicines*," is as follows:

"Tonics (tonos, tension) are agents which improve the tone of the tissues on which they have specific action, restoring energy and strength to debilitated subjects by a scarcely perceptible stimulation of all the vital functions, their effect being apparent in an increased vigor of the entire system. The chief tonics are enumerated in the following lists under the heads of the organs or tissues particularly affected by them.

"The most typical medicinal agents which impart *general tone and strength* are Strychnine, Quinine, Iron and Vegetable Bitters. Those specially acting on the *stomach* are Arsenic, Bismuth, Cinchona, Hydrastis and Nux Vomica,—on the *spinal cord* and general circulation, Strychnine,—on the *heart*, Digitalis, Squill, Convallaria and Cimicifuga,—on the *nervous system*, Phosphorus, Quinine and the Valerianates,—on *muscular tissue*, Tannin—on the *blood*, Iron, Magnese, Cod-Liver Oil and other fats."

A DEPARTMENT OF PUBLIC HEALTH.

Our most valued and highly esteemed contemporary, the *New York Medical Record* of date May 20 (our birthday, by the way) in its leading editorial very highly commends the bill of Senator Owen, introduced again in the United States Senate, however he makes some very pertinent objections, which we quote in full, and although we can and do respectfully beg leave to endorse them, in part, we still stand where we stood nearly three decades ago, when we had the high honor as Chairman of the Section on "State Medicine," of delivering before the "General Session" of the A. M. A., in Washington City, and paraphrasing the words made immortal by Patrick Henry, we say: Give us a Department of Public Health or give us nothing, for death is an annihilator so far as our wants in this life are concerned. We fully recognize the splendid work that has been done in the past quarter of a century by this "bureau" of a department, but as long as we accept it as our need, we will still have to wait and want; whereas, if we could have for a little while a little more death in high places, possibly the prime need of our people, yes, our WHOLE people might receive due consideration by our law makers. But we will desist from further personal mention at this time, and will respectfully submit the quotation from Dr. Stedman, which is as follows:

"There are, however, two serious defects in the bill which make the desirability of its passage very questionable. It creates a Department of Health, but places at its head a "Director," not a "Secretary." That, of course, means that the head of the Department will not have a seat in the Cabinet, and that the Department will therefore be a nondescript something between a Bureau and a Department, a little above the former in that it will be in a measure independent, but inferior in dignity to the latter. The science of sanitation is, to speak modestly, as important as that of farming or of labor and trade, and it should have equal recognition. (*Aye*, as that of War, Navy, Commerce, Law, or THE STATE.—ED. SOUTHERN PRACTITIONER.) To create a Department of Health and exclude its head from the President's official family would be an indignity which the medical profession of the country would very properly resent. (*"Amen, and AMEN!"*—Ed. S. P.) The public would not be slow to see the significance of such discrimination officially placing the status of the physician below that of the merchant, the laboring man, and the farmer, and the new Department would command little respect.

"Another objectionable feature is that the bill does not provide that the Director of the Department of Health shall be a physician, or even a sanitarian. It specifies that the *assistant* to the Director

'shall be a skilled sanitarian;' in other words, he is to do the work while any old politician can "boss the job." That a medical man shall not be at the head of the Department is evidently the intention of those at the back of the bill. The March Bulletin of the Committee of One Hundred on National Health devotes a large part of its space to a criticism by ex-President Eliot of Harvard College of the Mann bill in the Sixty-first Congress. He is quoted as saying: "I am sure it is not desirable that the national public health service should be placed in the hands of the Surgeon-General and his subordinates. . . . Over any Bureau or Department with such functions a civilian scientist ought certainly to preside. . . . We have never had a Surgeon-General who was fit to exercise such a comprehensive control, and it is in the highest degree improbable that we ever shall have, since the training and functions of a Surgeon-General do not prepare him for that kind of scientific work. . . . The bill makes an unwise proposal in an insidious way. It ought not to get any standing at all before Congress.'

"Ex-President Eliot has, of course, as much right to his opinion on that subject as any medical man has to his own concerning the composition of a five-foot shelf of books—and no more. But the featuring of his opinion in the Bulletin shows what the supporters of the Owen bill hope from the Department of Health.

"If the Director of a Department of Health is to be a lawyer or a statistician, or a labor agitator, or any one but a skilled sanitarian with a medical education, it will be better to consolidate the several bureaus above mentioned with the Public Health Service and continue that as a Bureau of the Treasury Department. The medical profession of the country does not want a Department of Health whose head shall be a layman locked out from the President's Council Chamber. If there is no medical man in the country able to conduct such a Department and worthy to be a member of the Cabinet, then we had better be content with the efficient Bureau of Public Health that we already have."

Again, and yet again we say: "*aux Caesar aux nullus.*" However we agree with you in that we want "a Doctor", and nothing but a Doctor, and we want him to have a *full seat* in the Cabinet of the President of the United States.

AN IMPROVED HYDRATED MAGNESIA.—An agent which undoubtedly deserves to be more widely employed than it is at present in magnesium oxide. While long held in high professional favor, many physicians in the past have refrained from prescribing it because of the many faulty preparations which found their way upon the market. Practitioners who have felt this restraint would do well to make

test of Milk of Magnesia, P. D. & Co., an improved hydrated magnesia which lacks the objectionable features of many similar preparations and which may be depended upon for uniform and certain results.

Milk of Magnesia, P. D. & Co., is a purely aqueous mixture, concentrated and active, each fluid ounce representing about thirty-two grains of magnesium hydrate. It does not contain sodium sulphate. It is entirely stable under ordinary conditions, remaining unchanged indefinitely. The product is valuable as an antacid and gentle laxative in dyspepsia, sick headache, gout and other complaints attended with hyperacidity and constipation; in diarrhea due to intestinal fermentation; in gastric disorders peculiar to children, in which acidity of the *prima viae* is often a prominent feature; and whenever gastric irritability and deranged function are present, as evidenced by nausea, gastralgia, eructation, pyrosis and other manifestations of hyperacidity. It is pleasant to take, being readily accepted by children and persons of fastidious taste.

Danger Due To Substitution.—Hardly another of all the preparations in existence offers a wider scope to imposition under the plea of "just as good" than the scientifically standardized Eucalyptol. The most recent fraud practiced in regard to this product is an attempt to profit by the renown of the firm of Sander & Sons. In order to foist upon the unwary a crude oil, that had proven injurious upon application, the firm name of Sanders & Sons is illicitly appropriated, the make-up of their goods imitated, and finally the medical reports commenting on the merits of their excellent preparation are made use of to give the desired lustre to the intended deceit. This fraud, which was exposed at an action tried before the Supreme Court of Victoria, at Melbourne, and others reported before in the medical literature, show that every physician should see that his patient gets exactly what he prescribes. No "Just as Good" allowed.

RELIEF IN NEURALGIA AND GIRDLE PAIN.—The efficiency of antikamnia tablets in neuralgia is beyond dispute and is well illustrated by the following case: An old nurse who had suffered from severe neuralgia at intervals for many years and whose hair had become gray on one side of her head from this cause, expressed herself as having gained more relief from antikamnia tablets than from all of the many medicines which had been prescribed for her. For pain about the head from almost any cause, antikamnia tablets always have had undoubted preference over all other remedies. They are a useful adjuvant in the treatment of migraine.

For the pain in cases of organic spinal disease, antikamnia and

codeine tablets proved of great value. A woman of 52, with transverse myelitis (complete paraplegia) found these tablets reliable for controlling the very annoying girdle pain. Two or three doses of two tablets each, within twenty-four hours, were sufficient to make the pain endurable. In another case, where there was the girdle sensation connected with its earlier history, and numbness and paraesthesia of the lower extremities existed, one antikamnia and codeine tablet was given three times a day, along with a regular potassium iodide treatment. The observation of this case has extended over 18 months and at no time has the progress been so satisfactory as during the last six weeks, in which she has taken antikamnia and codeine tablets regularly.

A GOOD BISMUTH PREPARATION.—After an exhaustive study of the chemical and physical properties of bismuth and its compounds the chemical experts of Parke, Davis & Co., two or three years ago succeeded in perfecting what many physicians consider the most eligible preparation of the kind—Milk of Bismuth, P. D. & Co., a mixture containing the hydrated oxide of bismuth in suspension. The product is stable under all ordinary conditions of temperature and exposure to light and air.

The advantage which Milk of Bismuth, P. D. & Co. possesses over other compounds of the metal is the state of fine subdivision in which the hydrated oxide is presented. This insures its more thorough distribution over the mucous surface of the alimentary canal upon which it exerts a peculiarly beneficial effect. Its action is not only astringent, but, as some writers have observed, it appears to have a specific effect upon certain lesions, as ulcers, causing them to heal. It is also an antacid and protective, and undoubtedly is mildly antiseptic. Each fluidrachm of Milk of Bismuth, P. D. & Co., represents the bismuth equivalent of 5 grains of the subnitrate.

"THE PUREST FORM OF SALICYLIC ACID is obtained from the natural oil. That made from carbolic acid has so many objectionable features that its usefulness is largely counteracted, and in fact it is surpassed in value by other agents. It disturbs the stomach, depresses the heart, may injure the kidneys and is liable to cause headache and vertigo."

Extract from an address delivered by the late John V. Shoemaker, M. D., at that time Professor of Materia Medica, Pharmacology, Therapeutics and Clinical Medicine in the Medico-Chirurgical College of Philadelphia.

In prescribing Tongaline physicians can rely on giving their patients salicylic acid from the natural oil in combination with other

agents which for over 25 years have caused Tongaline to be the standard remedy for rheumatism, neuralgia, grippe, gout, nervous headache, sciatica, lumbago, malaria, dengue, tonsillitis, heavy colds and excess of uric acid.

TISSUE FOODS IN HOT WEATHER.—The need for tissue foods during the hot months may not be so urgent as during the winter season, but when it is present, the physician is sometimes hard pressed to choose a suitable product, especially so since many of those commonly employed give rise to gastric distress. In NUTROMUL, an emulsion of cotton seed oil, the physician will find a tissue food of positive merit and one that will agree with the patient during the hottest weather. Cotton seed oil is a nutrient of the greatest food value, containing more convertible nourishment than any other product at the profession's command and, has the added advantages of ease of assimilation and freedom from gastric irritation. Physicians using NUTROMUL in all wasting states will be gratified at the results obtained. Samples may be secured by writing the manufacturers, The Nottoc Laboratory, Atlanta, Georgia.

NERVOUS IRRITABILITY AND SLEEPLESSNESS.—To soothe nerve irritability without resorting to dangerous or habit-forming drugs, is a daily problem for the doctor to solve. In the administration of PASSIFLORA INCARNATA (Daniel's Concentrated Tincture) he will find the simplest solution of this problem. Daniel's Passiflora will demonstrate its nerve tranquilizing properties and its freedom from depressing after effects. It is the most potent and satisfactory calmate which the physician can use. In sleeplessness, from whatever cause, Daniel's PASSIFLORA INCARNATA will bring about a deep, restful sleep, from which the patient awakens refreshed and with none of the disagreeable effects so noticeable following the administration of chloral or the bromides. A sample will be furnished if application be made to the Laboratory of John B. Daniel, Atlanta, Ga.

THE DECLENSION OF BODILY VIGOR.—In the declension of bodily vigor, before instituting measures whose object is to overcome the decline the chief aim should be to determine with exactness the cause. In the large majority of cases, the cause ascertained, the need for a reconstructive will be plain. The blood will be found to be in need of corpuscular elements, the tissues in general will be in need of a serviceable nutrient. Cod liver oil in the form of a palatable and easily assimilated cordial such as Cord. Ext. Ol. Morrhuæ Comp.

(Hagee) will meet the every requirement of a patient showing evidences of bodily decline. Not alone do the nutritious qualities of Cord. Ext. Ol. Morrhuæ Comp. (Hagee) give it pre-eminent value but its palatability and the ease of its digestion augment in a considerable degree its therapeutic worth.

FOR SUMMER HEALTH.—When the hot, sultry summer time comes and you're about played out—feeling tired and miserable from heat and excessive perspiration, get a box of Tyree's Antiseptic Powder and use in the bath as directed. It will refresh and revive you, eliminating all bodily odors and is especially good for sore, tired sweaty feet. A valuable booklet entitled "The Nurse" and a liberal free sample of Tyree's Antiseptic Powder can be had by addressing J. S. Tyree, Washington, D. C. This Antiseptic Powder also relieves insect bites, sunburn, hives, poison oak and skin diseases. For sale at drug stores in 25c and \$1.00 boxes, or sent direct upon receipt of price.

THAT ANTIPHLOGOSTINE has thoroughly proven its therapeutic superiority and adaptability and maintained its marked popularity over other products or methods in the treatment of all forms of inflammation is well attested by the continuous confidence accorded it by the medical profession. "*Be sure you put it on thick and warm*"—and you will not fail to get satisfactory results.

IN NEUROSINE is offered drugs of positive utility, which present in permanent and palatable form an elegant and efficient combination of well-known and long-tried remedies concerning whose virtues in the diseases and conditions indicated there is absolute unanimity of expression among all observers and authors upon the subject. In Migraine, Hysteria, Chorea, Neuralgia, Neurasthenia and Neurosis, Neurosine is prescribed with satisfaction both to patient and physician. For years Neurosine has been recognized as a most efficient remedy in the treatment of Epilepsy.

STUBBORN CASE OF RHEUMATISM.—"Many stubborn cases of rheumatism respond rapidly to the influence of Tongaline. This product representing the highest degree of pharmaceutical skill contains the salicylates in an unusually potent form, because they are not obtained by synthesis but from the natural oil. In addition to their potency as anti-rheumatics they possess the advantage of not deranging the stomach.

Physicians who appreciate honest pharmacy will find in Tongaline a product worthy of their highest commendation and confidence."

THE SECOND SUMMER.—Experience has shown that during the second or "teething summer" weakened stomachs are strengthened, faulty metabolism is corrected, fatigued heart and circulation is supported, and many a tired, wornout nervous system is restored to its proper tone by the systemic and intelligent use of small doses, 20-30 drops, according to age, of Gray's Glycerine Tonic Comp.

THE PREPARATION OF "PEPSIN," made by *Robinson-Pettet Co.*, are endorsed by many prominent physicians. We recommend a careful perusal of the advertisement of this well known and thoroughly reliable manufacturing and importing drug house. The ad. will be found in its usual place in the front part of this number. Ad. pg. 15.

WHEN A TONIC IS NEEDED.—When a tonic is needed, there is none that will give more certain or uniform satisfaction than Gray's Glycerine Tonic Comp. For seventeen years it has been serving the profession, and the esteem in which it is held to-day bears eloquent witness to its unvarying quality and efficiency.

Selections.

VOMITING.—Creosote is recommended in the following form for the relief of vomiting, from whatever cause:

| | |
|----------------------|--------|
| Creosoti | m. x |
| Acidi Acetici | m. xx |
| Morphini Sulph. | gr. ss |
| Aquæ q. s. | oz. j |

A teaspoonful every half hour for three or four doses.

INJURIOUS EFFECT OF ROLLER SKATING.—A physician who has made a careful study of the effects of roller skating has shown that excessive indulgence in this sport frequently results in flat feet, defective development of the leg muscles, and impairment of the gait and carriage of the body. Roller skating is especially injurious to growing children, whose muscles, bones, and joints are still in process of development. The muscles used in walking, especially those of the feet, remain inactive in roller skating, while other muscles are overworked. Hence the body becomes

more or less deformed, especially in the case of young girls, who fail to acquire their normal grace and beauty of form.—*Scientific American*.

OF WHAT USE IS A MEDICAL SOCIETY?—Of what value is a medical society? By the attendance at some of the meetings it could be answered with one word—none. Some men think that it is a waste of time, and frequently offer the excuse that they are too busy to attend. In answer to this it can be truthfully said that the busy doctor is the most regular attendant. He cannot afford to miss, because it is recreation, because there is much to be learned, and he would be doing his fellow-men an injustice if he did not endeavor to keep abreast of the times. There are so many reasons why medical societies should prosper and so few why they should not—but what's the use.—*Jour. of the Kansas City Medical Society*.

A USEFUL PREPARATION.—It is of the utmost importance to nurses to keep their hands soft and supple, as nothing is more objectionable to a sick person than to be touched with hands that are hard and rough. At the same time, nurses have so constantly to put their hands in preparations which have the effect of roughening them that many will be glad to know of a preparation which is easily prepared for keeping them in good condition. An experienced private nurse sends us the following recipe:

An excellent preparation for keeping the hands soft and white is made by mixing 2 oz. glycerine, 2 oz. toilet vinegar, half ounce rectified spirits of wine. Rose water or Eau de cologne may be used instead of the toilet vinegar if preferred.—*Brit. Jour. of Nursing*.

THE VOMITING OF PREGNANCY.—Pinard (*Gaz. heb. des sci. med. de Bordeaux*) lays stress upon the importance of the pulse in determining the treatment to be followed in the vomiting of pregnancy. Vomiting occurred in 42 per cent.

of all pregnancies coming under his notice, and various therapeutical methods have been employed to arrest it. He considers the acceleration of the cardiac pulsations to be the first manifestation of the toxæmia which causes the vomiting, due probably to a poison secreted by the ovary or by the ovum. In all cases of vomiting attention should be directed to the pulse, and when, in spite of rest, milk diet, and oxygen inhalations, the pulse reaches 100 and remains there or above it, even without any rise of temperature, the pregnancy should be terminated by the induction of abortion.—*N. Y. Med. Jour.*

POST-OPERATIVE PSYCHOSES.—From his experience at the Bethanien Hospital of Berlin, Dr. F. Schultze (*Deut. Ztschrift f. Chir.*, Bd. 104, Hft. 5) has become convinced that there is no operation which may not be followed by psychical disturbances. Among predisposing factors he cites hereditary disposition, hysterical tendencies, exhaustion and debility due to various causes, intestinal auto-intoxication, alcoholism, etc. To what extent chloroform anesthesia, the use of iodoform, hemorrhages and operative shock may contribute to psychical disorders cannot be generally determined. In a number of instances he has observed transient delirium, as well as true psychoses, after operations. In regard to the treatment, he advises removal of the cause, and when this cannot be discovered, careful supervision of the patient, the use of tonics, heart stimulants, and proper nutrition.—*Am. Pract. and News.*

SOME RECENT EXPERIENCES WITH THE NEW SPECIFIC REMEDY, EHRLICH'S 606.—Samuel W. Lambert, New York, presents experiences with arsenobenzol and a short history of the discovery of this method of treatment by Ehrlich. He gives the method of injection, of preparation of the drug for use, and the dosage. It is of great value in primary,

secondary, and tertiary lesions, the action being very rapid. As to its permanency one cannot yet state the final results, since it is but fourteen months since it began to be used. The spirochetes disappear in from twenty-four hours to seven days, and the Wassermann reaction becomes negative in a few weeks. The drug is not to be used whenever heart or kidney disease, or tuberculosis, is present, and in severe brain disease. Histories are given of five cases treated by the author, who concludes that 606 is a remarkable specific remedy for syphilis in all its stages.—*Medical Record*, January 14, 1911.

REMOVING MEDICINE STAINS.—The *Medical Press* gives the following useful directions for removing stains made by various medicines:

Stains of iodide are easily removed from the hands and linen by moistening them with ammonia or a solution of hyposulphite of soda.

Nitrate of silver stains are rapidly effaced by a solution of cyanide of potassium or of iodide of potassium. The yellow stains resulting disappear completely with hyposulphite.

Chrysarobin stain may be treated with chloroform or proof spirit, while that of resorcin is removed by a solution of citric acid.

Picric acid is amenable to a solution of sulphite of potassium, applied for about one minute, followed by washing the parts with soap and water.

The stains of pyrogallie acid seem to be refractory to all chemicals.

THE A-B-C OF ETHER ADMINISTRATION.—Paluel J. Flagg, Yonkers, N. Y., presents excellent rules for the administration of ether, stating the ways of determining the condition of the patient as indicated by respiration, corneal

reflex, pupil, color, pulse, Mayo's sign, and diaphragmatic integrity. He describes the tests for determining the purity of the ether. It is important to be gentle and considerate with the patient and to inspire his confidence, for on his state of mind depends the way in which he will take the anæsthetic. The relative value of the closed cone and drop method are discussed. The drop method with plenty of air will give better results in the beginning. The cone may be substituted later if necessary. If pushed from the beginning there is much spasm and cyanosis. Ether first inhibits the intellectual centers; then the sensory portion of the cord; next the motor tracts, and last the medulla. When the medulla is affected respiration fails.—*Medical Record*, May 6, 1911.

HYPODERMIC INJECTIONS OF SALICYLATES IN RHEUMATISM.—August Seibert, New York, advocates the use of hypodermic injections of salicylate of soda dissolved in water or in oil, to obtain prompt effects from the drug in acute or rebellious cases of rheumatism. Illustrative cases are given. The oily solution used contains ten per cent of salicylate of soda in sesame oil with five per cent of alcohol. It gives no pain on injection, and its effect is prompt. No symptoms of heart depression are seen from its use. Ten cubic centimeters of a fresh sterilized solution of twenty per cent salicylate of soda for each 100 pounds of body weight are given in acute cases. The effect appears in three hours after the injection, as evidenced by relief of pain, stiffness and fever. In chronic cases ten cubic centimeters for each 100 pounds of body weight are injected every twenty-four hours. The oily solution acts better in chronic cases than the watery solution. The injection is made in the median line of the thigh.—*Medical Record*, March 11, 1911.

GLYCERIN AS A STIMULANT TO THE BLADDER.—In post-operative bladder paresis the author employs the method originally devised by Baisch and Doderlein, who found

that 20 c.c. of a 2 per cent. boro-glyceride solution injected into the bladder brings on spontaneous urination in cases where catheterization would otherwise be necessary. The method is almost infallible in both men and women, and avoids the use of the catheter. The solution, to the amount of 15 or 20 c.c., is simply injected with enough force to overcome the resistance of the sphincter and penetrate into the bladder. About 10 c.c. returns through the urethra but the remainder is sufficient to induce evacuation of the bladder within twenty minutes at the most. The ability to void urine spontaneously continues in these cases without the necessity of a second injection.

The method was also found, at least temporarily, useful in bladder paralysis of mechanical or nervous origin, including stricture and prostatic enlargement.—O. Franc (Zentralblatt für Chirurgie, Jan. 14, 1911).

A NEW SIGN OF PARALYSIS.—Drs. Pierre Marie and Foix draw attention to a new sign observed by them in certain cases of paralysis of organic origin. It is produced by slow and progressive, but forced, flexion of the toes, avoiding at the same time a forced extension of the foot. When this is carried out in a patient affected with paralysis it excites a reflex movement of the lower limb, consisting of flexion of all three segments of the limb, together with internal rotation and adduction of the foot. This movement is slow and regular, and the limb remains in the final position for a certain length of time after cessation of flexion of the toes. Transverse pressure of the foot produces the same result, but it may only induce a contraction of the leg. The authors have observed this sign in almost all cases of spastic paralysis, of hemiplegia, and of the spastic familial diseases. In hemiplegia it is as constant and early a symptom as the sign of Babinski. The reflex movement is closely analogous in its form to that described by Claude in hemiplegics; but the authors have not been able to attach to it the same prognostic significance.—*The Hospital*.

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Original Communications.

FRACTURES OF THE TIBIA AND THEIR TREATMENT*

BY PAUL F. EVE, M.D., OF NASHVILLE, TENN.

The tibia, like all long bones, is divided anatomically and surgically into a shaft and an upper and a lower extremity. We shall therefore call attention to fractures as they occur respectively in each of these divisions. The upper extremity may be broken by either a direct or indirect violence, accompanied in most cases by a fracture or dislocation of the fibula. These fractures may be transverse, oblique, comminuted or impacted, and in some cases compound. The line of fracture occasionally runs from the side of the head entering the joint, separating one condyle; or it may

*Read at meeting of Tennessee State Medical Association, April 11, 1911.

follow the epiphyseal line, separating the epiphysis. When fracture occurs on the anterior surface by direct violence, there is usually a marked angular displacement, the apex directed backward; or backward displacement of the lower fragment may produce injury to the main vessels. When the fracture, however, is produced by indirect violence, such as a fall upon the feet, the lower fragment is driven into the upper one, splitting it, the fragments of which open the joint. If a fracture occurs in this situation and the fibula remains intact, the displacement is very slight. The dangers of fractures injuring the joint should be seriously studied, as serious conditions occur from inflammatory products within the joint, and it takes an unusually long time for the repair of such a fracture. According to Stimson, separation of the epiphysis has been noted in a few cases. Bruns collected four. Hutchinson says he has recorded ten, including three unpublished cases. Poland collected twenty four. The recent reported cases seen by Stimson are those of Heuston and Manly. In Hutchinson's list the extremes of age were one and sixteen years. The common cause seems to be a wrench of the leg, adduction or abduction, by which a transverse strain is made. Poland's case was compound, the patient recovering. In twelve the patient died or the limb was amputated. The ages range from three to twenty years. In all but one case the process bearing the tubercle of the tibia accompanied the epiphysis. The displacement was forward, forward and outward or lateral, and usually slight. In a number the diaphysis was also broken, and sometimes extensively. In several of the cases which recovered no trace remained of the injury. Separation of the tubercle of the tibia is due to violent contraction of the quadriceps and occurs only in those patients under twenty years of age. The fragment is drawn up and can be easily felt, and the individual is unable to walk.

Fractures of the shaft occur by either direct force, indirect force, or torsion. Fractures in the upper part of the shaft are usually transverse, while those in the lower part are oblique. The fracture may, however, be V-shaped, comminuted, and not infrequently compound. When both bones of the leg are broken

the fracture of the tibia is commonly at a lower level than that of the fibula. The ordinary displacement is angular with overriding, the lower end of the upper fragment being displaced forward. In transverse fracture of the tibia, where the fibula is uninjured, there exists no deformity, and the support of the fibula may even permit of walking. In oblique fractures the deformity existing depends upon the direction of the line of fracture, which is usually from above downward, inward and a little forward, the lower fragment generally passing behind the upper and rotates inward. Besides the frequent complication of a communicating wound of the skin and the comminution, which is so often the result of direct violence, injury of the principal vessels is often met with. Nephren, in a complete and elaborate paper, read before the Surgical Society of Paris, collected more than thirty cases, among which are found examples of both tibials, the peroneal and the nutrient artery of the tibia. Injury of the tibial or peroneal nerve is quite unusual. Mouret collected twenty-seven cases of aneurysm complicating fractures, five of which were mistaken for abscesses and opened; while Stimson reports a case in which hemorrhage occurred from the anterior tibial artery, on the eighth day after fracture by direct violence, without displacement; the rupture was one and a quarter inches above the fracture and was evidently due to bruising of the artery by the wheel producing the fracture.

Direct fractures are more frequent than the indirect, the common causes being blows from heavy falling bodies, run-over accidents, etc. Indirect fractures are caused by falling upon the feet from a height, compression or by accidents with the foot held fast, inflection or torsion, or both. On account of the thickness of the head of the tibia and the prominence of the malleoli and the head, it seldom happens that the shaft is supported in its entire length, even in the variety of run-over accidents. As it is the tibia which actually supports the body, it is clear that at the moment of fracture, the fibula cannot alone support the weight of the body, and so breaks; hence, the frequency of fracture of both bones. The site of fracture of the shaft is generally at the junction of the lower and middle third.

Fractures of the lower extremity include those of the internal malleolus, caused either by direct force or traction upon the internal lateral ligament; the displacement is usually downward, with depression above the ends of the fragment. Lowenstein calls attention to an apparent typical injury, avulsion of a plate of bone from the anterior surface of the lower end of the tibia; the base of the fragment is below and is held by the anterior part of the capsule of the ankle joint; this fragment tapers to a point or ends bluntly. In four cases seen by him the fracture was due to a fall from a height, and was complicated by other injuries of the leg.

The deformity due to displacement and shortening in the majority of cases of fractures of the lower end of the bone, gives the diagnosis at a glance; if not pronounced, it is increased by the effort to lift the leg. Supra-malleolar fracture is a term created by Malgaigne, and applied to fractures which for the most part have their line running into the joint and usually comminuting the end of the bone, but there are cases in which the tibia is broken across, within an inch or two of its lower end, and with fracture of the fibula at or above the same level.

Next to fractures of the fore-arm, fractures of the leg are the most frequent. According to V. Bruns, comprising 15 per cent. of all fractures. They occur at any age, even *in utero* and *ante partum*, but are far more frequent in well developed adults, and in men more than in women. The tibia is broken more frequently than the fibula.

The following portions of the tibia may be palpated: The internal tuberosity and the whole of the external tuberosity, this being subcutaneous; the broad anterior and inner surface to the internal malleolus; the sharp crest throughout its whole length, and the tubercle, which is also subcutaneous and can be distinctly felt on the anterior surface, being one inch from the articular surface, marking the lower limit of the epiphysis of the tibia. The narrowest part and the weakest place in the tibia is the junction of the middle with the lower third of the leg.

The symptoms of fracture of the tibia as a general rule can be readily detected. Deformity due to displacement and short-

ening occurs in the majority of cases, as stated; and if not pronounced, it is increased by any effort to lift the leg. Furthermore, the surface of the tibia permits of accurate palpation, so that the slightest touch detects irregularities along the bone, especially when the fracture is recent. If, however, several hours have elapsed, palpation is hindered by pain and swelling; but even should this occur, by carefully pitting the swelling with the finger, the contour of the bone can almost always be felt. By grasping the leg above and below the point of tenderness and shifting the fragments, crepitation and preternatural mobility are discerned; except in cases of impacted fracture. Crepitus also may be prevented by interposition of the soft parts, but false motion will be present, and bony crepitation can be distinguished on overcoming the interposition.

In transverse fractures there may be no deformity, but there may or may not be inequality of the fragments felt by the finger, and there may exist either crepitation or mobility, or both, and often linear ecchymosis. Such a fracture may remain completely locked except upon lateral movement. In oblique fractures there will be crepitation, mobility and visible deformity. The tibia should be measured from the knee-joint line at the upper border of the internal tuberosity to the lower edge of the malleolus, to determine shortening. Shortening of the leg after union of the bones may be roughly estimated by comparing the height of the two knees while the soles of the feet rest upon the floor. It is often difficult in fractures near the ankle to palpate the internal malleolus, on account of swelling; but deep pressure with the thumb or finger will often detect it. In fractures in this location the pulse should be felt for in the posterior tibial and dorsalis pedis arteries. Simple fractures in children heal by bony union in about three to four weeks; a week or two longer in adults.

Consolidation is proportionate to the accuracy of coaptation and immobilization. Any great displacement persisting may mean consolidation delayed for many weeks, or even pseudoarthrosis. Bony union without displacement, except where there is no tendency to such, is rare, as shown by X-ray pictures. Slight lateral displacement and overlapping of the lower fragment cor-

responding to the obliquity of the surface, some axial deviation with prominence of the tip of the upper fragment, or inversely backward curvature of the leg with the concavity forwards, are of rather frequent occurrence; the same applies to the persistence of a certain amount of inward or outward rotation of the lower fragment. The functional disturbance, as a rule, proportionate to the amount of displacement, is fortunately less in fractures of the leg than would be supposed by the X-ray photographs. Compound fractures with small skin wounds, especially those due to outward perforation, if kept aseptic, often heal in the same manner and time as simple fractures. More time, however, should be given them for recovery, in spite of the fact that union is frequently better than in simple fractures.

The prognosis of compound fractures, however, when there exist small skin wounds, is always more serious than that of the simple fractures, and the functional result, as a rule, often less satisfactory. The unfavorable result which obtains in reference to antepartum fractures, is based upon the fact that pseudo-arthritis with tapering of the fragments and considerable shortening, have been seen in not a few instances. These unfortunate sequelae are due partly to confusion and non-recognition of the injury at the proper time, and the improper treatment or want of treatment in the so-called intrauterine fractures. If recognized promptly and properly treated as an intrauterine fracture it usually heals as well as one sustained in late childhood.

The first dressing of any fracture is of the greatest importance. The danger of the thin skin being perforated by a sharp fragment of bone and a simple becoming a compound fracture urges the greatest care in transporting and undressing the patient. As a rule, reduction should be accomplished as early as possible and co-aptation maintained. This reduction can usually be effected by making extension from the foot and counter-extension from the knee, the knee being in partial flexion. In case of separation of the tubercle, the limb should be placed on a posterior straight splint and the fragment pulled down into place and held by adhesive strips and bandages to be worn from five to six weeks. It is always best to decide at once whether an

thetia is required for reduction, so as to avoid painful manipulation until treatment is instituted. In the absence of any displacement when anesthesia is unnecessary, the characteristic localized point of tenderness then becomes very significant and a fracture may be assumed and proper treatment instituted. It is usually stated that reduction is effected when the foot is straight, if the prolongation of the inner border of the patella passes between the first and second toes, or if the line joining the anterior superior spine and the first metatarsal touches the inner border of the patella; but this statement is sometimes deceptive, and it is much more important to compare the contour with that of the sound limb. If it is not practicable to obtain assistance and an anesthetic is not required or is contra-indicated, Banden's extension method as modified by Kolazchek is valuable to maintain uniform extension during the application of plaster of Paris. A perineal sling is attached to the headpost of the bed; a piece of wood the length and breadth of the foot, having a piece of sail-cloth about three feet long laid between it and the foot, is bandaged to the sole of the foot and the ends of the sail-cloth tied to a double rope, the latter being fastened to the door knob or any other permanent fixture and tightened by twisting. The foot is supported and the traction increased until the shortening is overcome. After the plaster of Paris is applied and allowed to set, the extension is removed. Temporary splints, such as gutta percha, felt, etc., used for transportation should be removed as soon as conditions permit and a permanent dressing for immobilization applied. Should there be much swelling, place the limb in a fracture box swung from a gallows and apply an ice bag for a day or two. Should blebs occur, filled with clear or bloody serum, they must be opened, dressed with some antiseptic powder and allowed to heal. Great care should be taken with the heel, as even slight pressure maintained for several days produces a sore which is slow in healing and complicates matters greatly. The position of the foot largely determines the amount of pressure falling on the heel. When the foot rests naturally it is in the position of slight plantar flexion. The heel in this position presses firmly on the splint, the larger part of the weight of the limb and body

PRACTITIONER.

When the foot is extended to a right angle the pressure upon the heel is in a measure relieved. In putting up fractures of the tibia the following is the most desirable one. Padding about the foot with a ring or doughnut pad being somewhat flattened by adhesive strips applied to the sides, and the foot being fastened to the foot-piece of the splint by the method of treatment.

The first method are only met by continuous plaster of Paris and maintained by the plaster of Paris dressings. Continuous plaster of Paris dressings give satisfactory results. Continuous plaster of Paris dressings, as Bardenhour and his school, to be successful, requires strict observance of the following rules: first, the plaster should be applied as early as possible; second, the plaster should extend well above the fracture, to the middle of the thigh; third, the plaster should be applied closely at the ankle with the foot extended by a spreader; fourth, in some cases forty pounds may be insufficient for traction, seventy may be required; fifth, the plaster should be drawn by vertical strips, with counter pressure of a twenty-pound weight on the upper fragment. In private practice, on account of the constant supervision required, the plaster of Paris dressing should be taken in the application of the plaster of Paris dressing, and should not be too tightly a considerable circulation is maintained, or even gangrene occurs. Separation of the fragments is a rare accident, but is more frequent in the upper epiphysis; a fixed dressing should be continued six weeks.

I have treated a great number of fractures of the tibia and have had quite a number to come to union. In some instances have I seen union without interference. In some of these cases the soft parts prevented union; while in some cases the fragments in co-aptation

caused a like result. I have, therefore, come to the conclusion that there are some varieties of fractures of the tibia which call for the open method as the proper treatment. I base this conclusion on the following facts: First, should non-union occur from the interposition of the soft parts and an operation be required after waiting the proper time for union, the very nature of this operation results in a much greater degree of shortening than would have resulted had the operation been performed at the time of injury; second, the time required for union in such cases is twice as long; third, the physical condition of the patient is not nearly so good as soon after the receipt of the injury, his general health having suffered in the weeks which have elapsed in the effort to accomplish healing of the fracture; and, fourth, the anatomic and cosmetic effect is not nearly so pleasing.

The following recent cases may prove of some interest: Mr. M., aged 39, was injured September 21st, 1909. The cause of the accident being a runaway team, throwing him out of the wagon, the wheel of which produced a comminuted fracture of the left tibia at the junction of the middle with the lower third of the shaft; the fibula also sustained a simple fracture. Reduction was accomplished, but, owing to swelling, a permanent dressing could not be applied until the fifth day. Co-aptation seemed to be excellent, and we had every reason to believe the result would be a good one. At the end of the eighth week the plaster of Paris cast was removed, but, to our great disappointment, non-union was discovered. Friction of the bones and massage were applied and the limb again placed in a plaster of Paris dressing. At the end of four weeks this dressing was removed, only to reveal the fact that union had not taken place. Some weeks later an operation was performed and the ends of the bones wired. During the operation, it was found that there were soft structures between the fragments of the bone, thus explaining the cause for non-union. On account of the impaired health, recovery was slow, union, however, taking place with about two and one-half to three inches of shortening.

Mr. M., age 59. Switchman in the Terminal yards, received an injury on January 20, 1910, by being thrown from the top of

a box car to the ground, landing on his feet. He sustained compound fracture of the internal malleolus of the left foot a fragment of which ruptured the artery; and a fracture of the astragalus of the right foot. On account of the extensive swelling, it was impossible to place either fracture in a permanent dressing for some time. Reduction was accomplished in both fractures which healed kindly, the patient made a good recovery and was able to place his weight on both feet and has resumed his duties.

Mr. E., age 34. Switchman in the Terminal yards, was injured January 27, 1910, by being thrown from the top of a box car, producing a fracture of the right tibia at its lower third. On account of being a very fleshy man, he refused an anesthetic and reduction was accomplished with difficulty. He suffered intensely for ten days or two weeks, and the swelling was so great that it was not possible to place the limb in a permanent dressing until the third week. This fracture united in the ordinary time, giving an excellent result.

Mr. B., age 19. Terminal switchman, was caught between two box cars while switching in the yards, and sustained a fracture of both bones of each leg. The fracture of the left leg showed the tibia to be broken at the junction of the upper with the middle third of the shaft, with a compound fracture of the fibula at the junction of the middle with the lower third. The right leg showed a fracture of the tibia at the junction of the lower with the middle third, and a compound fracture of the fibula at the junction of the upper with the middle third. Permanent dressings were not applied for several weeks, the reduction being accomplished and co-aptation secured by extension. Both bones of each leg have healed without any complications and the union is excellent. There is a little discrepancy in the length of the two legs, measurements showing a little more shortening in the left leg.

ARTERIAL HYPERTENSION.

BY WILLIAM F. WAUGH, A.M., M.D.,Professor of Therapeutics, Bennett Medical College, Chicago, Ill.

Dr. Oughterson's paper in the June, 1911, number of the *Southern Practitioner*, upon Arterial Hypertension, is one of the finest examples of clear, sound logic that has appeared in periodic medicine of late. He shows the fallacy of the current vague, unsatisfactory theories, and the constant tendency to putting the cart before the horse. The numerous hypotheses put forward to explain the phenomena have this one defect, that they always leave out the primary cause, which sets the morbid chain of processes in operation. They begin nowhere.

Dr. Oughterson's argument leads up logically to this statement (page 289): "Interesting discoveries have recently been made that proteid substances undergoing putrefactive changes in the digestive tract may develop pressor bodies. Knowing as we do that substances elaborated in the intestines are eliminated by the kidneys, for instance the ethereal subjects, it would look reasonable to accept the theory of development of such pressor bodies from the proteids of food from the intestinal canal, and their absorption from the faulty condition of the kidneys met with in hypertension cases." This explanation is supported by the beneficent effects of elimination, but he does not think it accounts for the renal sclerosis almost invariably present.

Let us see if we cannot upon this basis construct a working hypothesis that covers this as well as the other phenomena presenting:

On page 292 he says: "The vast majority of cases of hypertension are seen in individuals leading a life of responsibility, long hours of work, worry, improper diet, too little time for rest and recreation." We may add to this that the patient is usually a male, no longer physiologically young, but past the meridian of life.

We start here, and our first step is that decline in the sensi-

bility and the motor power of the colon is universally recognized as one of the features of advancing age. This means the retention of fecal matter beyond the usual period in the large bowel, where it is beyond the reach of the inhibitory influence of the digestive secretions, especially the acid gastric juice. We have therefore, an increased time for decomposition and toxin production; the costiveness attendant means the reabsorption of the fluid parts of the bowel contents, with their dissolved toxins. We need go no further than the chemic irritation exerted upon the nerve-endings in the vessel walls by this element in the blood to account for their contraction. Anybody who has experienced urethral irritation from the passage of extremely concentrated and acid urine will appreciate this. Contraction of the vascular channels necessitates an increase of cardiac force to drive the blood-stream through narrowed channels.

The irritant elements in the blood supplied to the walls of the vessels, the vasa vasorum, account for the beginning of structural disease there. While the kidneys are designed to do such extra work temporarily, a continuous demand upon them is another matter. Besides, it is not unreasonable to infer that the toxins that irritate the walls of the blood-vessels through which they pass should exert a similar deleterious influence over the renal structures. So natural is this inference that one may expect some evidence to be adduced by any who are disposed to deny it.

We have, therefore, a complete explanation of the phenomenon of the malady, a reasonable first cause, and a comprehensible and probable account of the mechanism by which the leading pathologic conditions are evolved, the contraction and tissue changes in the vessel walls, the cardiac hypertrophy and the renal degeneration. The difference in the nature of the toxins generated in the intestines of various individuals may account for the variations in the effects, and these toxins being derived from food remnants, the differences in diet may explain these. The man who lunches on lobster may well develop a different form of toxins from those who sup on hard-boiled eggs and Limburger cheese.

Dr. Oughterson's treatment is also admirable, so far as

goes. Up to the sub-head of "medication," I can heartily second every word. Especially would I emphasize Cheyne's advice, to limit the food-supply progressively, both as to quantity and as to nitrogenous quality. The remarkable experience of Robert Gray, an ex-Confederate surgeon, for half a century practicing in tropical Mexico, shows how the powers of mind and body, with unusual physical capacity and exercise, may be retained into extreme age on a diet largely of sour milk. Metschnikoff's contention of its influence in combating the causes of physiologic old age is sustained by this man's experience.

Dr. Oughterson looks pessimistically upon drug medication, because he has not chosen the remedies best adapted to the conditions presented. He has followed the authorities in looking for vascular relaxation from the nitrites, with a look-in upon iodine in syphilitic cases. Glonoin relaxes vascular tension, but, as he says, its effect is over within half an hour. The other nitrites act somewhat longer, but none of them manifests an activity sufficiently prolonged to admit of sustained relaxation enduring for weeks and months.

We have in veratrine, however, an agent that does exactly this. I have with it reduced the tension to the point desired, and sustained it there for more than a year, without the least difficulty. The secret of success lies in the exactness of the remedy and of its dosage. I employ the pure alkaloid veratrine, not the mixed and variable product listed in the Pharmacopeia. Of this a half milligram may be administered, well diluted to avoid local irritation, every hour until the pulse is relaxed to the desirable degree, and thereafter often enough to maintain this effect. The daily dose having been thus ascertained, it may for convenience be aggregated into four doses, to be taken after meals and on retiring. The effect is absolute—overdosing and underdosing are impossible.

Veratrine does more than simply regulate tension. Were this its sole effect it would be a mere symptom-remedy, without material influence on the course of the disease. But veratrine is probably the most universal eliminant in the materia medica. It acts upon the liver, the kidneys, and specifically on the skin,

increasing in all the elimination of toxins and thus removing the primary cause of the morbid processes. With a personal hygiene directed as suggested by Dr. Oughterson, it checks the progress of the malady, the irritative symptoms subside, and a cure is effected in so far as a cure is still possible. Veratrine will not replace cellular elements that have been destroyed.

The profession has not yet learned to use and appreciate veratrine. This is due to an exaggerated idea of its power and toxic properties, and to the use of a preparation incapable of affording its best effects. Given in the pharmacopoeial dosage and quality, I fully agree with those who assert that there is no place in medicine for the internal use of veratrine. Given in chemic purity, and dosed scientifically, it is a remedy whose value can scarcely be overestimated.

Selected Articles.

SAMBON'S NEW THEORY OF PELLAGRA AND ITS APPLICATION TO CONDITIONS IN GEORGIA.

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I wish to call attention to a new theory of pellagra, and especially to apply this theory to conditions in Georgia, and to show that the same conditions exist in Georgia to produce the disease that exist in Italy, the chief home of the disease. This theory was formulated by Dr. Louis W. Sambon, lecturer on tropical medicine at the Liverpool School of Tropical Medicine, who was detailed for three months in 1910 in Italy, where he studied pellagra. Dr. Sambon is a research student of recognized ability.

In 1903 he formulated the tsetse fly theory of sleeping-sickness, which has proved true. His "Progress Report" on pellagra and the result of his investigations appeared in the *London Journal of Tropical Medicine* during September, October and November, 1910, and I shall draw freely on these interesting and accurate articles.

First, I wish to define pellagra according to our present knowledge. Pellagra is a non-contagious, non-inheritable disease, of insidious course, characterized by a peculiar, periodic eruption, with a series of symptoms involving the nervous and digestive systems, periodic and progressive. This definition is based entirely on the clinical history of the disease, and does not take into account the cause or the environment in which the disease develops. We can now proceed more fully to the consideration of this new theory of cause and origin.

There is one primary condition on which all theories are based and one easy way by which we test freely and accurately every theory. It is stated in this simple way: Every theory to be correct must be in accord with the facts. On this simple proposition all theories must stand or fall, and by this same simple rule we may test this new theory of pellagra.

Sambon opens with five propositions:

1. Pellagra is not due to the eating of maize, either sound or deteriorated, as hitherto almost universally believed. In support of this statement are the following facts:

A. Maize was grown in Italy from one and a half to two centuries before pellagra appeared in that country, and it is, therefore impossible to connect the introduction of the new cereal with the first appearance of the disease.

B. Pellagra occurs in people who do not eat maize or corn products. Casana stated at a meeting of the Catalonian Academy of Medicine that in Spain the greater prevalence of pellagra existed in those provinces where the cultivation and use of corn is unknown. Children contract the disease in Italy as early as the third month, provided they are brought outdoors and exposed to the bites of the *Simulium* fly. An illegitimate child was born in an Italian jail, and at five months was adopted by peasants

living along a running stream. It developed pellagra in two weeks after exposure to the bite of this fly, though it had never eaten any corn products of any kind.

C. The absolute failure of preventive measures on the part of the Italian government; *e. g.*, the inspection of maize and its products; abolition of the late varieties of maize; notification of cases; and establishment of pellagrosarios for the treatment of the disease.

2. Pellagra has a striking, peculiar and well-defined topographical distribution. In northern and central Italy the pellagra foci are found in the narrower valleys of the country districts, where the streams are infested with the *Simulium* fly. Wherever pellagra is found, these flies are found in the districts bordering the streams.

3. These endemic foci, or stations, have remained exactly the same for at least a century. The disease presents the same relative proportions in all the affected districts, and towns are generally exempt.

4. The pellagra stations are closely associated with streams of running water. Pellagra is a rural disease and the greater number of cases occur in the country districts, and especially among people living along running streams. The greater liability of field laborers is explained by the fact that they are more exposed to the infective agent than others. Nearly all the pellagrins in Italy say that in the spring they are greatly tormented by the bites of the sandflies. These flies are more active in the early morning and late evening.

5. A blood-sucking fly, of the genus *Simulium*, is, in all probability, the agent by which pellagra is conveyed. It is a periodic disease, the seasons of incidence being spring and fall, and the *Simulium* fly has these same periods of activity.

This is a condensed statement of the Sambon report as to conditions in Italy. We now turn to conditions in Georgia. I asked the junior and senior classes in the Atlanta College of Physicians and Surgeons for a statement of the cases of pellagra in the home communities with regard to sex and the relation of the homes of the pellagrins to standing or running water. Georgia

is not in the statistical area, and this was as accurate a method as I could find to get an estimate. Thirty-six cases were reported, twenty-six women and ten men. All of the number but one either lived on or very near streams of water; this patient was a banker living in a small town, and the relation of his residence to streams could not be determined. Thirty students reported from as many different communities. These separate reports follow:

| Number of Report. | Number of Pellagrins. | Residence. |
|----------------------|--------------------------|---|
| 1 | 3 | Swamp, 3 streams. |
| 2 | 3 | Swamp. |
| 3 | 1 | Stream within 50 yards. |
| 4 | 1 | Location wet and swampy. |
| 5 | 2 | Stream within $\frac{1}{4}$ mile. |
| 6 | 1 | Unknown. |
| 7 | 1 | $\frac{1}{4}$ mile standing water. |
| 8 | 1 | $\frac{1}{4}$ mile branch. |
| 9 | 1 | Between two streams. |
| 10 | 1 | $\frac{1}{4}$ mile pond and stream. |
| 11 | 1 | 300 yards of a branch. |
| 12 | 1 | On Chickamauga Creek. |
| 13 | 1 | Within 200 yards of creek. |
| 14 | 1 | Within 300 yards of creek. |
| 15 | 2 | Within $\frac{1}{4}$ mile of creek. |
| 16 | 1 | On stream. |
| 17 | 1 | On stream. |
| 18 | 1 | Resided on pond 5 years. |
| 20 | 1 | Within 1 mile of stream. |
| 19 | 1 | Between two springs and fresh branches. |
| 21 | 1 | Within 250 yards of stream. |
| 22 | 1 | Within 200 yards of stream. |
| 23 | 1 | 12 years within 100 yards of stream. |
| 24 | 1 | 15 years within 100 yards of stream. |
| 25 | 1 | Within 1 mile of stream. |
| 26 | 1 | Within $\frac{1}{4}$ mile of stream. |
| 27 | 1 | Within 30 yards of stream. |
| 28 | 1 | On sea coasts. |
| 29 | 1 | In city. |
| 30 | 1 | Within 100 yards of stream. |

The testimony of these thirty men from different sections of Georgia and some of the other Southern states agrees in this. The cases of pellagra in the South originate in those living on or near streams of running water. The idea was new to these students; they were from places far distant from each other, and yet their testimony is practically united. While in Franklin, N. C., last summer, I investigated the premises and surroundings of

a pellagra patient, a woman who had recently died. The house bordered the road in front, and behind a branch of rapid mountain water ran within fifty feet of the back porch. On the right of the house was a perfect swamp, and the stream marked out a narrow mountain valley; exactly the same topographic conditions found in Italy by Sambon. These valleys and stream areas were so alike in situation and environment that he was able, after viewing the topography of a given locality, to state whether pellagra existed in that locality, and this without being once in error, and even before he was given the pellagra statistics of the given area.

The *Simulium* fly is of the order *Diptera*, or two-winged flies; family, *Simuliidae*; with the one genus *Simulium*, having species. Of these Sambon found three species in Italy—*Simulium reptans*, *S. ornatum*, and *S. pubescens*, chiefly the last. The two chief species in America are *Simulium venustum*, or black fly, the great biter of the Northern woods; and *Simulium pecuarum*, the Southern buffalo gnat. This buffalo gnat causes the death of many mules and domestic animals. It is found along the tributaries of the Mississippi river, through the state of Mississippi, possibly all of Arkansas, in Tennessee, Kentucky and parts of Illinois, Missouri and Indiana. Since 1850 this buffalo gnat has killed many thousand domestic animals. The gnat appeared in Mississippi as early as 1818, and in 1884 killed in Franklinton Parish, La., 300 head of stock in one week. They do not seem to appear every year in damaging numbers, but are always more numerous in time of flood. Sambon notes that in Italy the greatest number of pellagra cases occur in the flood and overflow years.

Two crops of the insect emerge from the streams each year, one appearing from February to April, and the other from September to December. The eggs are laid, when possible in streams of rapid, shallow water, as in an ordinary branch of a creek. Rock, leaves and brush in the water are good places. They hatch in about eight days to a larva, passing in about four weeks into the pupa stage, and emerging in three weeks, after having spent the pupa stage in the bottom of the stream, as the mature two-winged fly or gnat. Pellagra is most active in spring.

and autumn, and toxins have no relation to seasons, whereas diseases of parasitic origin are seasonal.

It has been shown that the same topographic conditions exist in Georgia and some of the other Southern states that Sambon found in Italy. It has also been shown by the united testimony of several students that practically all the cases of pellagra are rural in origin and exist along streams. I asked Dr. Bradley, assistant state entomologist of Georgia, to determine for me, if possible, whether any species of the *Simuliidae* existed in Georgia. He consulted Dr. J. M. Reade, professor of botany in the University of Georgia at Athens, and they found in a creek two miles from Athens the larvae of the fly in such numbers that they completely covered some of the rocks. Attached at the anal end, they waved their two modified mandibles in the fast-flowing water in search of desmids, diatoms, and other aquatic growths. They were found February 8, and they emerged as the spring brood of the mature fly March 27, 1911. This species was identified as *Simulium pictipes*, a remarkably large species, found also and reported from the Adirondack Mountains, Texas, Michigan and California. This species was identified for Mr. Bradley by Dr. O. A. Johannsen of the Maine Experiment Station. The third condition exists in Georgia as in Italy, viz., the presence of an abundance of *Simulium* flies. Lastly, we have a large rural population, as has Italy.

To summarize:

1. Georgia and Italy both have pellagra.
2. The two have the same topographical conditions.
3. Pellagra originates in both territories along streams.
4. Both countries have many *Simulium* flies.
5. Both countries have a large rural population, from which most cases of pellagra originate.

This theory of Sambon has received the support of Sir Patrick Manson in the fourth edition of his book on tropical medicine; and Castellani and Chalmers support it in their recent book on the same subject. Professor Terni, at the Pellagra Congress held at Milan, and Drs. Moore, Wood and Taylor, spoke in favor of Sambon's insect theory at the Columbia, S. C. Congress on

Pellagra, though Sambon had not in 1908 connected the *Simulium* with the disease. The supreme criticism of the theory lies in the fact that the parasite has not yet been discovered, and this discovery is necessary to complete the theory. Analogies are always dangerous, and when pursued too far lead one into an illogical abyss, but I think that there is an analogy between pellagra and malaria. Both develop in swamp and stream localities, both have periods of seasonal incidence, and removal from the endemic areas common to each disease results in improvement, and prevents reinfection. Laveran discovered the parasite of malaria in 1880, but it was not until 1898 that Ross discovered the mosquito as the definite host. The discovery would have been just as real had Laveran discovered the insect first, and Ross the parasite last. Indeed, this is the order in which Sambon discovered the tsetse fly and the sleeping-sickness parasite as the cause of sleeping sickness—insect first and parasite last. The parasite of pellagra is a discovery to which we may look forward in the near future. Certain it is that the corn theory is not in accord with the facts, and must die the death of unfounded theories.—*Journal A. M. A.*, June 10, 1911.

Reviews and Book Notices

Golden Rules of Pediatrics, by John Zahorsky, A.B., M.D., Clinical Professor of Pediatrics, Med. Dept. Washington Univ., St. Louis; ex-President of the St. Louis Pediatric Society; member of the A. M. A., and the St. Louis Academy of Science, etc.; with an introduction by E. W. Saunders, M. D., Emeritus Professor of Diseases of Children and Clinical Midwifery, Med. Dept. Washington Univ., etc. 8vo, cloth, price \$2.50, pp. 284. C. V. Mosby Co., Publishers, St. Louis, Mo.

While this little work is not intended for a text-book, it will furnish the busy practitioner with many practical suggestions in diagnosis and treatment, and will put the medical student *au courant* with a number of most valuable points that are only acquired by long study and years of experience. The subject of diagnosis, so difficult and so important in diseases of children is considered with certain concise directions which are most helpful.

A Tuberculosis Directory, containing a list of institutions, associations and other agencies dealing with tuberculosis in the United States and Canada, compiled for the National Association for the Study and Prevention of Tuberculosis, by Philip P. Jacobs, Ph.D., Secretary. 8vo. cloth, pp. 331. 1911. The National Association for the Study and Prevention of Tuberculosis, publishers. Price, only fifty cents, postpaid, just to cover lowest possible cost—no attempt being made to obtain a profit from the volume.

The new Directory lists 421 tuberculosis sanatoria, hospitals, and day camps; 511 associations and committees for the prevention of tuberculosis; 342 special dispensaries; 68 open air schools; 98 hospitals for the insane and penal institutions making special provision for their tuberculosis inmates; besides giving an account of the anti-tuberculosis legislation in every state and in about 250 cities. It also gives the rates per week or month where charges are made for the care of patients. The Directory, which is the third of its kind that has ever been published in this country, gives the most complete survey of the anti-tuberculosis movement that can be secured, and shows the remarkable growth of this campaign in the last seven years. The first Directory in 1904 showed only 183 organizations and institutions in the entire United States. The second Directory in 1908 reported 649 different agencies, as compared with 1440 in the new book. Taking these figures as a basis, the anti-tuberculosis movement has increased in force since 1904, nearly 700 per cent, and since 1908, over 105 per cent.

American Practice of Surgery, a complete system of the science and art of surgery, by representative surgeons of the United States and Canada. Edited by Joseph D. Bryant, M.D., LL.D., and Albert H. Buck, M.D., of New York, N. Y. Complete in eight volumes, profusely illustrated. Vol. VIII, pp. 1146. Royal 8vo. Wm. Wood & Co., publishers, New York, N. Y., 1911.

This truly magnificent and splendid composite work of a number of surgeons of the United States and Canada who have gained an eminence in the particular sphere of activity which they have been invited to describe is now complete, and gives a most excellent delineation of the high standing of American Surgery, showing also that the very able editors made no mistake in the selection of the various contributors.

In Vol. VIII Regional Surgery is concluded. Intrathoracic Surgery is very ably considered by Jos. Ransohoff, M. D., F. R. C. S., and J. Louis Ransohoff, M. D., of Cincinnati; Surgery of the Spleen, by Alex E. Garrow, M. D., C. M., (McGill), of Montreal; Surgical Diseases and Wounds of the Kidneys and Ureters, by Jas. Bell, M. D., of Montreal; Surgery of the Pancreas, the Liver, Gall Bladder and Biliary Passages, by George David Stewart, M. D., of New York City; Surgical Diseases, Wounds, and Malformations of the Urinary Bladder and Prostate, by Alex Hugh Ferguson, M. D., C. M., of Chicago; Surgery of the Ovaries and Fallopian Tubes, by Benj. R. Schenck, M. D., of Detroit; Surgery of the Uterus and Its Ligaments, by Jno. B. Murphy, M. D., and Frank W. Lynch, M. D., of Chicago; Extra-Uterine Pregnancy and Cæsarean Section and Its Substitutes, by Lewis S. McMurtry, M. D., of Louisville; The Law in Its Relations to the Practice of Surgery, by Stephen Smith, M. D., and Sidney Smith, LL. B., of New York City; Hospitals and Hospital Management, by Christian R. Holmes, M. D., of Cincinnati; Military Surgery, by Major Charles Lynch, U. S. A.; Naval Surgery, by Chas. F. Stokes, Surgeon General U. S. N.; Administrative Railroad Surgery, by Jas. Alex Hutchison, M. D., L. R. C. P. and S. (Edin.), Montreal; and The Relation of Blood Pressure to Surgery, by J. E. Sweet, M. D., of Philadelphia.

A full and complete index to the eight volumes, covering over 60 pages completes the volume. The index will be furnished to those who wish it, bound separate in green muslin at One Dollar net.

Records, Recollections and Reminiscences.

THE EVOLUTION OF MEDICINE AND SURGERY.

ADDRESS OF EDWIN D. NEWTON, A.M., M.D., OF ATLANTA, GA.
President of the Association of Medical Officers of the Army
and Navy of the Confederacy.

Delivered at Little Rock, Ark., May 16, 1911.

The evolution of medicine and surgery is but the history

of the progress of humanity from the dawn of civilization down to the present moment. The terrible and bloody tragedy of Cain and Abel, just outside of the gates of Eden, has been often repeated, and the migrations of men have ever been marked by bloodshed. "Greed" and "creed," the selfish ambitions of kings and rulers, the struggles for civil and religious liberty, have devastated the land, destroyed cities, towns and villages, sold prisoners of war into slavery and filled the earth with the wails of widows and orphans. This is true not only in barbaric ages, but even amongst so-called Christian nations. In modern wars, however, the wounded and sick have not been friendless. The presence of the surgeons, the physicians, the litter-bearers, the ambulances, the field hospitals and the general hospitals, with trained nurses, and last, but not least, the devoted chaplains, have all illustrated that most marvelous parable, "The Good Samaritan," as it fell from the lips of "The Prince of Peace."

At the dawn of history, medicine, crude in character, was confined to the mysterious rites of the priesthood and the nostrums of the charlatans. The ancient Greeks, however, led the world in language, literature, science and art, as well as in medicine and surgery. Following the conquests of Alexander the Great, the Greek may be said to be the "court language" of the East, and Christianity commenced its great work by translations of the Testaments and the Holy Bible into that most marvelous language. Hippocrates, 400 B. C., may be declared the father of medicine and surgery. He supposed the human soul to be composed of three parts, a "Vegetative," residing in the liver; an "Irritable," in the heart, and a "Rational," having its seat in the brain. Ignorant of the physiology of the brain, its spinal and sympathetic systems of nerves and the heart, the brain, controlled by the senses, sight, hearing, smell, taste and touch. The heart acting in sympathy with the operations of the brain. This throbbing, beating and restless organ was supposed to be the center of the passions and affections. This idea controlled in a very great degree the language of the Greeks and their expressions in prose, in poetry and also in oratory. Even to this day, at the commencement of the twentieth century, the emotions

and passions are referred to the heart. In fact, the languages of the Orient were replete with parable, metaphor and simile. The English tongue is indebted, in a very large degree, to that of the Greeks and Romans for its breadth and strength of expression. Hippocrates, more than any of his predecessors, advanced surgical treatment. He reduced dislocations and adjusted fractures, used the trephine, applied the forceps in accouchment, made incisions into the kidneys for removal of calculi, performed amputations and perforated the cavity of the ribs in empyema and hydro-thorax. Interdicted from human dissection, he practiced the dissection of the ape tribe as nearest to man in anatomical structure, and thus obtained much knowledge. Rome, in the first 700 years of its history, produced no surgeon of note. Celsus, who flourished in the beginning of the Christian era, however, was the greatest of the surgeons of Ancient Rome, and his "observations on injuries of the head, on cataract, on the ligature of wounded arteries, hernia, lithotomy, fractures and dislocations, amputations and carbuncle show considerable knowledge." The sixteenth century produced Vesalius, Professor of Anatomy, at Padua, Italy, whilst to Ambrose Pare, once a barber-surgeon, prior to the commencement of his career as a military surgeon, we owe the revival and improvement of the ligation of the arteries after wounds and operations, instead of cauterization with hot irons or boiling oil. In the same century William Harvey, of England, demonstrated the circulation of the blood. This gave a new impetus to the study of human physiology. William Benjamin Carpenter, of England, born 1813, and other scientists commenced a new era in the study of the brain and nervous system.

During the nineteenth century there were *more discoveries in science, in medicine and surgery, than in all of the preceding ages.*

In 1842 Dr. Crawford W. Long, of Georgia, discovered surgical anesthesia through the use of sulphuric ether. Whilst waiting for an opportunity for an amputation in 1846, Dr. Warren, of Boston, performed a major operation. The primary operations of Dr. Long were the excision of tumors of the neck and without

any pain whatever. With the advent of the study of germ life by Louis Pasteur, followed by antiseptic surgery, a new world of thought was opened to science. With the increase of general knowledge the specialists appear. During the Spanish-American War we captured not only Cuba, Porto Rico and the Philippines, but at the same time destroyed an old enemy of the human race, yellow fever, and bound captive its co-worker, malaria.

It would be a pleasure to write the biographies of Abernathy, John Hunter, Sir Ashley Cooper and other great men of England, also Lisfranc, Larrey, Chopart and others of France. Indeed, to review the triumphs of medicine and surgery in America. This, however, is impossible in this brief address. In our records of the truly great, however, we must not forget Florence Nightingale, the devoted English nurse, who ministered to the wounded and dying in the hospitals of the allies (English, French and Turks) at Scutari, opposite Constantinople. Nor can we fail to mention M. Henri Dunant, of Geneva, Switzerland, who originated the Red Cross Society. All of the provisions of this society were placed in practical operation by the Confederate officers and surgeons during "the war between the States." Nearly four thousand Federal sick and wounded were cared for and paroled by the Army of Northern Virginia, not to mention the 500 Federal wounded at the first battle of Manassas, who were kindly and carefully treated by the Confederate surgeons at General Hospital No. 1, Richmond, Va.

I fail to find in the annals of our great war a case of auto-surgery, where the wounded soldier amputated his own leg. On the 16th of April, 1861, General McClellan made an effort to break the Confederate lines of General McGruder at Yorktown, Va. A private soldier of the Troup artillery, from Georgia, had both bones of the lower third of his leg crushed by a fragment of shell from a Federal battery. He was in the rear of his battery with the caissons when wounded. Falling to the ground he attempted to get out of the line of the terrible rain of shot and shell by rolling over to a place of safety. His leg, however, was caught by the root of a fallen tree. To escape from his perilous position, with his pocket knife he severed the tendons and mus-

cles of his leg and covered the stump with a silk handkerchief and with his army coat. He was transported to the brigade hospital of General Howell Cobb and a second amputation was performed by Surgeons Eldridge and White and a good "flap" secured. He recovered, went to Georgia and served in the Georgia State troops at Rome. Afterwards he joined Captain Gartrell's Company of Forrest's bodyguard, and was in the fierce battle with the Federals at Brice's Crossroads. A few months after he asked for a new wooden leg. General Buford answered "Go home, home home, my brave fellow, we have no wooden legs in Forrest's Cavalry. His name is William Paschel Mealon, member of Cobb's Legion (J. R. R. Cobb), Troup Artillery, afterwards known as Carlton Battery. This gallant soldier is yet alive cheerful and happy. He resides in Atlanta.

In response to my personal request, Dr. Stuart McGuire, of Richmond, Va., has kindly sent me reports of cases of gunshot wounds, by his distinguished father, Dr. Hunter McGuire, Chief Surgeon and Medical Director of Jackson's Corps, the Second Army Corps, Army of Northern Virginia, and the second President of our association.

1. Gunshot wounds of the joints.
2. Gunshot wounds of the bladder followed by stone.
3. Gunshot wounds of the pelvis, followed by stone in the bladder.
4. Excision of the os calcis.
5. Gunshot wounds of the peritoneum.

I will be pleased to read the above mentioned cases during the present session, and in accordance with my promise to Dr. Stuart McGuire I will beg that the same will be recognized and accepted as a part of our proceedings.

As some of the members of our association may not know the history of its origin and reorganization, I will briefly refer to the same. It was organized in Atlanta in 1874, at the call of the writer, and Dr. Samuel Preston Moore, late Surgeon General, C. S. A., was elected President. Our second meeting was in Richmond, Va., in 1875, and Dr. Hunter McGuire was elected as our second President. Immediately after his election he remarked

to me that he had made a great mistake in allowing his name mentioned for President, as his feeble health would not allow him to give our association proper attention. Many years elapsed with no annual meetings. Dr. McGuire declining in health, I made known the situation to the Surgeon General of the United Confederate Veterans, Surgeon Tebault, asking at the same time his advice and assistance. He answered that, owing to his environments, it was impossible for him to render me any assistance. In this the darkest hour of the association, the latter in a state of innocuous desuetude, I determined to make a final effort to revive and restore the same. In 1897 the United Confederate Veterans decided to hold their next meeting in Atlanta in 1898. This was my opportunity. Though our associates antedated the veterans' association by many years, the latter had grown into colossal proportions. I made known my intentions to my old brother surgeon of Lee's army, Dr. J. McFadden Gaston, once Chief Surgeon of General D. H. Hill's division, and then a resident of Atlanta. He had but recently returned from Brazil, where he had been since the war, and knew nothing of our organization in 1874. I was in Atlanta at the time of the meeting of the United Confederate Veterans and interviewed Dr. Gaston. He kindly promised me that if I would remain in his office and receive any Confederate surgeons who might call that he would attend the meeting of our association and secure a reorganization. So I turned over the almost moribund society to him and my other Confederate surgeon and friend, Dr. K. C. Divine. The surgeons of the Army of Tennessee and the Trans-Mississippi Department accepted the offer made by Dr. Gaston and Dr. Divine, and the association was revived. As a mark of reorganization the name was changed from the Association of Medical Officers of the Confederate Army and Navy to the Association of Medical Officers of the Army and Navy of the Confederacy. Owing to my feeble health I did not attend the meetings at Charleston, S. C., and Louisville, Ky., but I was at the Memphis meeting and all other subsequent meetings. I make this statement in justice to the prominent Confederate surgeons who organized our association in 1874, Dr. W. F. Westmoreland, Dr.

Logan of Atlanta, Dr. Henry F. Campbell of Augusta, Dr. Stout of Tennessee, and many others. My only desire was *to preserve our organization and to rescue from oblivion all of the important records of the Surgeon General's office, destroyed by fire in 1865.*

The temple of Diana, at Ephesus, which was fired by the rash youth, Hervistratus, to secure a name in history, was rebuilt. No so, however, as to the famed Alexandrian library, which contained the collections and records of ages. The stupid Turks, prior to their invasion of Europe, used the manuscripts of said library as fuel for their hot air baths. In passing, permit me to say that the hot air baths were utilized by the men of Tyre and Sidon a thousand years before the Christian era. These baths and their system of physical culture gave them the control of the commerce of the Mediterranean and the Indian Ocean. Subsequently said baths were used by the Greeks and Romans. They were introduced into England by the Roman legions, yet *two thousand years elapsed before they were reintroduced to said country by Mr. Urquhart, a member of the English Parliament, and the celebrated Dr. Erasmus Wilson, of London.* The so-called Turkish bath of today is a combination of the hot air bath and the Russian, the steam bath. *Without the aid of either drugs or chemicals it is a specific in the successful treatment of one of the greatest enemies of the human race, insomnia.* One of the greatest inventions of the nineteenth century was the anterior wire splint of Dr. Nathan R. Smith, of the Baltimore College of Medicine and Surgery. A teamster of a Louisiana regiment had his femur broken by a wagon wheel just before the first battle of Manassas. He was sent to General Hospital No. 1, Richmond, and there I applied said splint. Shortly afterwards I reset the same, in Military Surgery, and demonstrated the use of this splint before a commission of surgeons appointed by the Surgeon General, S. P. Moore, and it was adopted and used in the general hospitals throughout the Confederate army.

Sabre wounds were not very frequent during the war owing to the substitution of the carbine, our pistol, and the fighting of dismounted cavalry as infantry. Of wounds by the bayonet the writer saw but two during the war, one Lieutenant Orr, of

a Louisiana regiment, at Winchester in 1863, the other a Federal soldier, a member of Siegel's command, at Chancellorsville, wounded by his comrade, who in his flight before Jackson's men threw away his gun with bayonet attached.

Scorbutus, a disease incident to long voyages and sieges and caused by want of vegetables and by impure food, was not general in our army, though a taint of same was observed in the ugly ulcers following vaccination.

Prior to my election as President of our association at Mobile I was appointed a committee of one on the publication of our proceedings and records in book form. I will make my report during the regular order of business at this session.

Hippocrates, the great Greek physician, surgeon, physiologist and psychologist, we have already shown, supposed the soul composed of three parts, the brain, the rational; the heart, the irritable, and the liver the vegetative. Were the ancient Greeks we may ask, vegetarians, using the term in its modern sense? Surely all of their environments were in that direction. Their charming climate, with their gardens, vineyards and orchards, and the shores of the Mediterranean filled with semi-tropical fruits, their temperate habits, their love of literature, fine arts and their devotion to physical culture, placed them on a superior plane to the barbaric nations around them. Surely the simple life of the Greek was vastly superior to the gluttons of imperial Rome and to the merry beef eaters of old England. In looking down the coming ages may not humanity reach an ideal life, a stage of perfection in the science of hygiene, when the daily loss of tissue and the daily repair of the body may be delicately balanced so that long life and old age may not be a second childhood, but a happy, continuous manhood. Such a "consummation is most devoutly to be wished."

Today, at this hour, whilst I speak to you, peace universal prevails throughout the world, and the wise men of the nations are discussing the same. Great economic questions, however, stand in the way and must be settled before permanent rest is accomplished. The tariff is the curse of the nations, its flag the ensign of piracy. It disturbs inter-national and inter-state trade,

the peace and tranquillity of mankind. The present peace may be only a truce, for the iron ships of the nations are steaming through the seas, and through their port holes are protruding the monsters of destruction and death. Let us, however, hope for the best. The ages of conquest are at an end, and the boundaries of nations are pretty well defined. Absolute free trade between all nations is the solution of all economic questions. Let each nation provide for its annual expenses by a system of taxation similar to that of our internal revenue department. Let the crude and the manufactured products of each nation rest upon their true values and the great law of demand and supply. Then, with nothing to quarrel about, nothing to war about, then the angelic anthem which awakened the shepherds upon the plain of Bethlehem two thousand years ago will be sung by all of the children of men. It will follow the sun in its circuit around the world, will be heard from pole to pole, and each and every nation will join in the happy refrain.

Amen! Amen! Amen!

Editorial.

MISSISSIPPI VALLEY MEDICAL ASSOCIATION.—PRELIMINARY ANNOUNCEMENT.

The 37th Annual Meeting of this Association will be held in Nashville, Tenn., Tuesday, Wednesday, and Thursday, October 17th, 18th 19th, under the presidency of Dr. Robert H. Babcock of Chicago Ill. Dr. Jno. A. Witherspoon, of Nashville, is chairman of the Committee of Arrangements, and excellent arrangements have been completed for a splendid entertainment of the members and guests of the Association.

The Program Committee has decided that the program for this meeting shall be largely an invitation one, and the announcement herewith given of the papers thus far promised indicates a veritable feast. Attention is particularly called to the symposia to be presented; the joint session of both Medical and Surgical Sections upon Visceroptosis, in which Drs. Suckling and Billington, of Birmingham, England, will take part by special invitation; the symposia of Therapeutics, the Prostate, and Cholecystitis.

Special mention is made of the orators in Medicine, Dr. J. C. Wilson, of Philadelphia, Pa., and in Surgery, Dr. Joseph D. Bryant, of New York, N. Y.; the titles of their addresses being given in another place.

October is a beautiful time of the year in Nashville, the Hermitage is an excellent hotel, and you are urged to attend the meeting, bringing with you your wife and daughters. No effort will be spared to make this meeting the most valuable, from every standpoint, yet held.

General Sessions, Medical Section and Exhibits in Young Women's Christian Association, Seventh Ave. N., between Church and Union Streets. Headquarters and Surgical Section in Hermitage Hotel, corner Union Street and Sixth Ave. N.

COMBINED SYMPOSIUM, BOTH SECTIONS.

1. *Visceroptosis* (Glenard-Landau).—A summary presentation covering the entire field of its Origin, Therapeutics, Mechanics, and Surgical Indications, together with its inter-association and relation to Nephroptosis, Prof. E. W. Suckling, Birmingham, England.

2. *Visceroptosis*.—A discussion of the Pregnancy Factor and its bearing on Nephroptosis, Cary Culbertson, Chicago, Ill.

3. *Visceroptosis*.—Medical and Mechanical Treatment, A. Earnest Gallant, New York, N. Y.

4. *Visceroptosis*.—Indications for Surgical Procedure and Method of Applying, Earl Harlan, Cincinnati, Ohio.

(a.) Special Discussions: Nearly 400 operations for Nephroptosis, D. Billington, Birmingham, England.

(b.) Spinal Deformities in the Causation of Visceroptosis, Alex. C. Wiener, Chicago, Ill.

(c.) Principles underlying the Treatment of Visceroptosis, Wm. MacI. Thompson, Chicago, Ill.

THERAPEUTIC SYMPOSIUM.

1. General Management of Pulmonary Tuberculosis, Thomas D. Coleman, Augusta, Ga.

2. Treatment of Hemorrhage in Pulmonary Tuberculosis, C. L. Minor, Asheville, N. C. Discussion opened by Wm. Porter, St. Louis Mo., and Silvio von Ruck, Asheville, N. C.

3. Diet in and General Management of Typhoid Fever, George Dock, New Orleans, La.

4. Treatment of Hemorrhage in Typhoid Fever, S. K. Simon, New Orleans, La. Discussion opened by J. A. Witherspoon, Nashville, Tenn.

5. Dietetic and Hygienic Management of Hyperarterial Tension, A. R. Elliott, Chicago, Ill. Discussion opened by A. C. Croftan, Chicago, Ill.

6. Treatment of Cerebral Apoplexy, E. M. Hummel, New Orleans, La. Discussion opened by Hugh T. Patrick, Chicago, Ill.

7. Collapse in Pneumonia, Frank Jones, Memphis, Tenn. Discussion opened by Robert B. Preble, Chicago, Ill.

Tuesday Evening, October 17th.

Address of President.—Medical Tendencies, Robert H. Babcock, Chicago, Ill.

Address in Medicine.—Doctors and the People, J. C. Wilson, Philadelphia, Pa.

Address in Surgery.—The Indebtedness of Posterity to the Pioneer Surgeons of the Mississippi Valley, Joseph D. Bryant, New York, N. Y.

SYMPOSIUM ON CHOLECYSTITIS.

1. Pathology and Complications. Essayist to be announced later
2. Frequency and Etiology, Charles N. Smith, Toledo, Ohio.
3. Symptomatology and Diagnosis, Bayard Holmes, Chicago, Ill.
4. Medical Treatment, Wm. Engelbach, St. Louis, Mo. Discussion opened by Thomas H. Stucky, Louisville, Ky.
5. Surgical Treatment, Louis Frank, Louisville, Ky. Discussion opened by W. D. Haggard, Nashville, Tenn.

GENITO-URINARY SYMPOSIUM.

1. Diagnostic Aids in Surgery of the Renal Pelvis and Ureter, with Special Reference to Pyelography, W. F. Braasch, Rochester, Minn.
2. Diagnosis of Prostatic Obstruction, Bransford Lewis, St. Louis, Mo.
3. Paper on Prostate. Title to be announced. Robert C. Bryan, Richmond, Va.
4. Operative Treatment of Gonorrheal Epididymitis, Francis R. Hagner, Washington, D. C.
5. Calculous Anuria, Dean Loree, Ann Arbor, Mich.
6. Strictures of Male Urethra at Bulb, Guy Shearman Peterkin, Seattle, Wash.
7. The Influence of Stricture of the Urethra on the Development of Hypertrophic Changes in the Prostate, Hugh Cabot, Boston, Mass.
8. Post-Operative Anuria, E. O. Smith, Cincinnati Ohio.

GENERAL TOPICS.

1. The Clinical Control of Tuberculin Administration by the Blood Serum Precipitin Reaction, Willard J. Stone, Toledo, Ohio.
2. The Influence of the Thyroid Gland on Pregnancy. (The result of some experimental work on pregnant rabbits and dogs.) W. M. Thompson, Chicago, Ill.
3. Ovarian and Uterine Tumors complicating Pregnancy, Channing W. Barrett, Chicago, Ill.

4. The use of Electric Light and Heat Apparatus and of Cottonseed Oil Dressings in the After-treatment of Laparotomies, Alex C. Wiener, Chicago, Ill.

5. Bismuth Paste in Sinuses and Intestinal Tract, as shown by the X-ray, W. D. Hanes and E. T. Bruce, Louisville, Ky.

The following will read papers, the titles of which will be announced later: Frank D. Smythe, Memphis, Tenn; Harold A. Miller, Pittsburgh, Pa.; J. A. Stucky, Lexington, Ky.; Fenton B. Turck, Chicago, Ill.; Walter F. Boggess, Louisville, Ky.

The general meetings will be presided over by Dr Robert H. Babcock, of Chicago, who, though blind, is one of the most eminent physicians in the country, having written two standard books upon diseases of the lungs and diseases of the heart and blood-vessels. Every word in each book Dr. Babcock wrote himself upon a typewriter. The first vice-president is Dr. Charles E. Barnett, of Fort Wayne, Ind., an eminent surgeon; the second vice-president is Dr. Arthur D. Holmes, of Detroit, a specialist on diseases of children. The vice-presidents will preside over the sections on Medicine and Surgery, before which the papers upon timely subjects of interest to surgeons and general practitioners will be read and discussed.

A feature at each annual meeting is the evening when the annual address of the president is delivered, and an oration in medicine and surgery delivered by men eminent in these branches of practice. Dr. Babcock's address will be upon "Medical Tendencies"; the address in surgery will be delivered by Dr. Jos. D. Bryant, of New York, entitled: "The Indebtedness of Posterity to the Pioneer Surgeons of the Mississippi Valley," and the address in medicine by Dr. J. C. Wilson, of Philadelphia, entitled: "Doctors and the Public." These addresses will be open to the public and are always much enjoyed.

Among the celebrities who will attend are two English physicians, Dr. C. W. Suckling and Dr. D. Billington, both of Birmingham, England, who will take special part in a symposium upon the displacement of the abdominal organs. These gentlemen have been invited on behalf of the Association by Dr. Earl Harlan, of Cincinnati, O., who was delegated by the president, Dr. Robert H. Babcock, and the secretary, Dr. Henry E. Tuley to centralize his efforts to the single purpose of arranging a specially strong symposium on the "Ptoses," and they are coming to this country specially to attend this meeting, sailing upon the Baltic, which arrives in New York October 13th. They will be extensively entertained while in America. Among the entertainments being projected are special meetings of the Cincinnati Academy of Medicine by Dr. Harlan, and of the Jefferson County Medical Society, by Dr. Henry Enos Tuley, secretary of the Association.

ARMY MEDICAL CORPS EXAMINATIONS.

The Surgeon-General, United States Army, Washington, D. C., announces preliminary examinations for the appointments of first lieutenants in the Army Medical Corps on July 10 and September 5, 1911. Points to be hereafter designated. There are at present sixty-one vacancies in the Medical Corps. Applications must be complete and in the hands of the Adjutant-General at least three weeks before the date of examination. Those wishing to secure an invitation are required, among other things, to be between the ages of 22 and 30, and to have had at least one year's hospital training after graduation.

For a number of years past we have advised recent graduates who were competent to make application for positions in the Army, Navy or Marine Hospital Service. Some of our young friends have acted on our advice, and in no instance have they regretted it. In the first place the pay is good—and there is no trouble as to "collections." Furthermore, from personal observation, we know of but very few indeed, and in those few instances it was largely due to individual advantages or some special environment, where a better meed of success has followed the first five, ten or fifteen years in trying to "build up a practice" in metropolitan, urban or rural location. Finally, the five, ten or fifteen years spent in either arm of our public service places a practitioner in as good if not better position to establish himself in a good practice in city or town than if he had been in the locality the whole time struggling and striving to get a foothold. And in the event he should feel satisfied to remain longer in the service, either in the army or navy, he has the satisfaction of knowing that at a certain time—Osler's chloroform date, that he will be placed on the retired list with an annuity for the balance of his days, to say nothing of a pension should he be disabled in the line of duty previously. Our great surprise is that there are so many vacancies now existing. General practice, surgery or any of the specialties offer only a rare—very rare indeed, opportunity of such advantages.—Your "Uncle Samuel" is not only a better paymaster, but an easier taskmaster than is the General Public. All that he requires is that you are competent at the start, do your duty, and act as only a gentleman should. Others do this—*why not you?*

AGAIN THE HAY-FEVER PROBLEM.

Whatever else happens, or fails to happen, here is something that always bobs up at the appointed time. Taxes are not more certain and insistent. Sooner or later every physician has this problem to solve. The trouble is, it doesn't stay solved. The long-looked-for hay-fever specific has not yet arrived.

Undoubtedly the most successful way to treat hay fever is to send the patient where he will not be exposed to the particular pollen to which

he may be susceptible—to prescribe a sea voyage, for instance, or a change of climate. In this manner temporary immunity, at least, is obtainable. Unfortunately, very few patients, comparatively, have at their disposal the necessary time and means for travel. In nineteen cases out of twenty the physician must fight the intractable disease with such weapons as pharmacology and pharmacy have placed in his hands.

Of the remedial agents in the possession of the medical profession the suprarenal substance has proved itself by far the most efficient. While not attaining to the dignity of a specific, it is at least a satisfactory palliative. It successfully antagonizes the symptoms of the disorder and gives the patient a temporary comfort that is not to be despised. It is probably best used in the forms of Adrenalin Chloride Solution, Adrenalin Inhalant, and Anesthone Cream.

The two preparations first named—the former diluted with four to five times its volume of physiological salt solution, the latter with three or four times its volume of olive oil—are sprayed into the nares and pharynx. Any good atomizer that is adapted to oily or aqueous liquids (preferably, however, one that throws a fine spray) may be used. As to the comparative value of the preparations for the purpose named, it may be said that the solution “takes hold” more promptly, while the astringent effect of the Inhalant is more lasting.

Anesthone Cream is a much newer product, having been introduced to the profession, if we mistake not, in the early months of 1910. Nevertheless, it made a great record for itself during the hay-fever season of last year. Few medicinal preparations, indeed, make their debut so auspiciously. The formula came from a prominent practitioner of The Hague, Holland, and combines Adrenalin Chloride and Para-amido-ethyl-benzoate in a bland oil base. Right here some reader may inquire: “What is Para-amido-ethyl-benzoate?” Ask Parke, Davis & Co. They have printed matter which answers this very question. Write for it. Write the company, too, for its literature on hay fever, addressing your request to the home offices in Detroit, Mich., and mentioning this journal. You will get some useful and interesting information.

CHOLERA INFANTUM.—Perhaps one of the most dependable and most extensively used prescriptions in the dreaded disease known as Cholera Infantum is Elixir Maltopepsine (Tilden's). Every physician should know this most dependable of all digestive ferments, and the best of all prescriptions in the different forms of summer complaint.

Free samples may be procured by dropping a card to The Tilden Company, New Lebanon, N. Y., and St. Louis, Mo.

Kreo-Bismuth is another product of this old reliable house that will serve the profession well wherever the use of Bismuth and Intestinal Antiseptics are indicated.

SOUTHERN PRACTITIONER.

THE "PERSONALLY CONDUCTED" SCHOOL GIRL.—In a recent prominent medical journals appeared an article from the pen of a pediatrician, entitled "The Personally Conducted Baby." The importance of a sedulous and careful attention to the needs of the child cannot be overestimated, it is equally important that the requirements of the adolescent school girl should be carefully attended to during the impressionable and formative period of life. At the initiation of the menstrual epoch, "The Personally Conducted Girl" is more likely to successfully weather the stress and strain of a modern educational system that one who is not so carefully supervised. Regularity and system are the essential requisites of successful living. Regular meals, the eating of an undue amount of pickles and sweets, too frequent indulgence in candies and sweets, should be avoided. Habitual constipation should not be allowed to continue. Sufficient exercise in the open air should be insisted upon. The bowels should always be freely opened at night, and late hours and late entertainments should be avoided. In spite of all hygienic measures, however, the school girl is likely to become more or less anemic. In such cases the irritant forms of iron are worse than the disease. Pepto-Mangan (Gude) is free from these disadvantages. It can be given as long as necessary without producing intolerance. Its simple and elegant arrangement. Periodical blood examinations will detect the slight and progressive increase of red cells and hemoglobin. The gradual return of color will show the general improvement of the system.

SEDATING A TURBULENT BRAIN.—When a physician requires a sedative, Neurosine is a well balanced formula, contains no Opium, Chloralhydrate or Cocaine, each fluid ounce representing 40 grains of the most chemically pure bromides of potassium, sodium and ammonium, and 32 grains of the bromide of zinc; 32 grains of the extract of Scilla maritima; fluid extract cascara sagrada; 0.75 grains each of the extract of belladonna; .60 grains of cannabis indica; .60 grains of almonds and five percent alcohol with aromatic elixirs. Physicians appreciate its excellence as an anodyne and soporific. Neurosine is a potent of Neurosine possessing positive therapeutic properties; it is a powerful sedative and contributes to make the whole the most reliable agent at the physician's command. Whilst Neurosine is used for a host of purposes and in a wide range of conditions, it is well known that its power to sedate a turbulent brain and to allay nervous irritability, gives it distinctive qualities and raises it above all others, over anything else in the same department of medicine. It is procuring rest during typhoid or other fevers, or soothing the nervous trials attendant upon her peculiar conditions.

function, Neurosine will give the best results. Its palatability and the ease with which it may be taken over long continued periods eminently qualifies Neurosine to take a leading role in the treatment of epilepsy and it is particularly recommended for this condition.

IN THE SPRING AND EARLY SUMMER the eliminative functions do not present their usual activity owing to the torpor and locked-up secretions which have existed during the winter months when the skin neglects its duties and the kidneys are overworked.

If this condition remains neglected, the probable result will be a pronounced attack of rheumatism, neuralgia or grippe in one or another of its forms, hence the necessity of a powerful eliminant is self-evident.

While anti-pyretics and anti-periodics may slightly stimulate the excretions and relieve congestion, thereby controlling certain features of the disease, a complete cure cannot be expected until the poisons are thoroughly eliminated from the system and the diseased organs enabled to resume normal functions.

Tongaline by promoting the absorptive powers of the various glands which have been clogged and by its stimulating action on the liver, the bowels, the kidneys and the skin, will relieve the pain, allay the fever, eliminate the poisons, stimulate recuperation and prevent sequelæ.

AN ADVERTISEMENT WELL WORTH READING.—We desire to call the attention of our readers to the advertisement of the Robinson-Pettet Co., Louisville, Ky., which will be found on another page of this issue. This house was established fifty years ago, and enjoys a widespread reputation as manufacturers of high character. We do not hesitate to endorse their preparations as being all they claim for them.

Robinson's Hypophosphites is a nutritive, tonic alternative. A standard and reliable remedy in the treatment of Pulmonary Phthisis, Bronchitis, Scrofulous taint, General Debility, etc. Stimulates digestion, promotes assimilation.

Robinson's Lime Juice and Pepsin is a pure, concentrated pepsin combined with pure lime juice. A valuable combination in dyspepsia, indigestion, heartburn and mal-assimilation; both aperient and cholagogue.

Saliform (*Flexner*), is a definite chemical compound, the component parts of which are Hexamethylene Tetramine Salicylic Acid and lithia. The properties of saliform are those of a Uric Acid solvent and a Genito-Urinary antiseptic.

Flexner's Solution of Albuminate of Iron is a definite chemical compound of albumen and iron. It does not disturb digestion nor does it constipate. Clinical experience has demonstrated its efficacy as a chalybeate.

FLUID EXTRACTS; RETROSPECT OF FIFTY YEARS AGO.—Five pages of the issue of "*The Chemist and Druggist*," April 15, 1861, were devoted to an advertisement by Messrs. Tilden & Co., New Lebanon, N. Y., U. S. in which they intimate that they have thought it advisable to conduct arrangements with a London house to act as British and Colonial agents for their manufactures, lists of which are given. These include alcoholic and hydro-alcoholic extracts, or solid extracts; fluid extracts; alkaloids and resinoids; sugar-coated pharmaceutical pills and granules. Tabular lists of each of these are given, and the following is the statement made for fluid extracts:

"Fluid extracts represent for each fluid ounce one ounce of the crude material, the exceptions being the compounds prepared according to the *Pharmæopœia*. It is, therefore, easy to estimate the relative quantity in preparations, compounds, or prescriptions, when the crude material or powder has heretofore been used.

"We do not intend that any variations in their strength shall occur so far as it is in our power to prevent, and intend that every article shall represent a given quantity of crude material of ascertained average quality.

"They are put up in 16 and 4-oz. bottles, or in bulk in any size of package. If ordered in bulk, a reduction in price will be made. Each package is labelled with directions and dose. The specific gravity of the extracts varies with the composition of the plants whence they are derived. In some instances the pound by weight will not measure 16 fluid ounces, and, as our formulæ have, in all cases, been brought to the standard, we use the one uniform standard of 16 fluid ounces, irrespective of specific gravity."

The list that followed comprises the common names of the drugs with their botanical names and quotations for the fluid extracts in 5-lb. bottles, 1-lb. bottles, and per dozen 4-oz. bottles. Oh! Tilden & Co. were the "*real mustard*" in those days of long ago—and are pretty much the same kind of stuff now.

IN MALARIAL CONDITIONS a diuretic is not indicated as often as the symptoms suggest, as one always has to contend with a torpid liver, that is throwing a part of its work on the kidneys, meaning double duty for the latter.

In such cases the rational treatment is to use some agent which will stimulate all the excretory organs, dividing the duty of each and causing thorough elimination.

Tongaline, either alone or in combination with other agents, as indicated, will invariably expel the malarial and other poisons promptly and thoroughly.

IN ACUTE GASTRO-ENTERITIS all authorities practically agree that milk in all forms must be stopped until a change for the better is seen.

A baby with this trouble is very much prostrated and enough nourishment and such that is available must be given or unfavorable results are sure to follow.

We have in a diet of Mellin's Food and water, prepared as directed, enough food material in suitable form (that is easily assimilated) to nourish the infant during this period.

| | |
|---------------|------------------------|
| Mellin's Food | 2 level tablespoonfuls |
| Water | 8 fluidounces |

To be given cold or very warm, (never lukewarm) in small amounts, frequently repeated for a day or more until stools lessen in number and improve in character. Then milk may be added in small quantities until full diet is reached.

CLINICAL EXPERIENCE IS ALWAYS A DEPENDABLE GUIDE.—Countless physicians the country over have proven to their entire satisfaction that Gray's Glycerine Tonic Comp. fills an indispensable place in the treatment of all diseases in which lessened vitality is a prominent feature. It represents one of the notable advances in modern pharmacy, and many a practitioner has learned to rely upon it as his most valuable aid in increasing functional activity. Gray's Glycerine Tonic Comp. exerts an especially beneficial influence on the gastric and intestinal glands, thus stimulating the appetite, improving digestion and promoting assimilation. In all conditions of mental and physical exhaustion accompanied by malnutrition its effects are speedily manifested by an increase in functional vigor and a general improvement in the health of the whole body. Physicians who are not using Gray's Glycerine Tonic Comp. in their cases of general debility are urged to do so and note what really remarkable results they can obtain.

QUININE WITHOUT EMBURY.—When two such well-known drugs as antikamnia and quinine are offered to the profession it hardly seems necessary to indicate the special classes of affections which call for their use. Antikamnia is unquestionably a perfect substitute for morphine for internal administration. It has complete control over pain, while it is free from the undesirable after-effects of the alkaloids of opium. In cases of malarial fever the combination of antikamnia and quinine should be given. For all malarial conditions, quinine is the best remedy we have. But, associated with this condition, there is always more or less pain, and antikamnia will remove these unpleasant symptoms and place the system in the best condition for the quinine to do its work. There are a number of ailments, not closely defined, which are due to the presence of malarial

poison. All such conditions are greatly benefited by the use of "Antikamnia and Quinine Tablets." The antikamnia in these tablets not only relieves the pain, but prevents the ebriety or ringing sensation produced when quinine is administered alone. In headache (hemicrania), in the neuralgias occurring in anæmic patients who have malarial cachexia, and in a large number of affections more or less dependent upon this cachectic condition, the regular administration of these tablets is indicated.—*Medical and Surgical News*.

IF THE STOMACH WERE A SACK into which uncooked food and nauseous drugs might be thrown and be digested and absorbed into the system, then there could be no objection to plain crude cod liver oil. The stomach would use it just as it would the uncooked food. But since the stomach is not a sack, but happens to be a delicate organ which will resent harsh treatment, uncooked food, nauseous drugs and plain crude cod liver oil are not good for it and against them it rebels. Our common sense warns against uncooked food; deference to the patient's taste guards against the administration of disagreeable drugs, and the manufacturing chemist has made it possible to give cod liver oil in palatable form. Hagee's Cordia of the Extract of Cod Liver Oil Compound is the most efficient and palatable of the cod liver oil preparations and its great value as a tissue food has won for it wide use at the hands of physicians.

A DESTRUCTIVE FIRE completely wrecked the printing plant of Messrs Benson & Co., who have the contract for printing *The Southern Practitioner*, on the night of Friday, June 2nd. Fortunately our June issue had gone into the mails on Wednesday afternoon, May 31st, ult. However, with most commendable energy and push they have brought out the current number in good shape as usual. Having their plant fairly well insured, they are driving matters right along, and if any of our readers need printing of any kind, we can heartily commend them as in every way reliable, prompt and fully capable of doing all kinds of printing in first class style, second to none, and on reasonable terms.

FELLOWS SYRUP HYPOPHOSPHITES so long and widely known occupied a full page advertisement in this and the preceding number with only six lines, the two central lines being as our old friend Judge Guild would say "in Latin." Well, it has been a good many years since we worried over the construction so peculiar in our mind, both as boy and man, to the vernacular of Cæsar, Virgil, Ovid, Horace, "*et id omne genus*." However, as some of our readers are possibly even more rusty than we, the following is offered as a stagger at the translation: "Mixtures combined with the greatest care are always the same. Composition (its structure

component parts), first before all else." To our personal knowledge, Fellows Syrup is the same now that it was more than forty years ago, and like "good wine needs no bush."

DANGER DUE TO SUBSTITUTION.—Hardly another of all the preparations in existence offers a wider scope to imposition under the plea of "just as good" than the scientifically standardized Eucalyptol. The most recent fraud practiced in regard to this product is an attempt to profit by the renown of the firm of Sander & Sons. In order to foist upon the unwary a crude oil, that had proven injurious upon application, the firm name of Sander & Sons is illicitly appropriated, the make-up of their goods imitated, and finally the medical reports commenting on the merits of their excellent preparation are made use of to give the desired lustre to the intended deceit. This fraud, which was exposed at an action tried before the Supreme Court of Victoria, at Melbourne, and others reported before in the medical literature, show that every physician should see that his patient gets exactly what he prescribes. No "Just as Good" allowed.

Selections.

A NEW SIGN IN THE DIAGNOSIS OF SCARLET FEVER.—Dr. C. Pastia of Bucharest in *La Tribune Medicale* describes the following sign, found by him in 94 per cent. of cases of scarlet fever and believed by him to be as important in this disease as Koplik's sign in measles.

This sign consists in an exanthematous eruption, continuous linear, very intense and localized in the fold of the elbow. At first the eruption is pink, then dark red or wine colored, and often it is ecchymotic. This linear eruption may sometimes be single, but usually it is multiple, two or four lines being present. Between these linear formations a less intense eruption is found which resembles that which ordinarily exists upon the rest of the skin in scarlet fever. The sign appears early. Usually it appears at the very start of the eruptive period, lasts until the end of that period or persists a little beyond the latter in the form of a linear pigmentation. Very rarely the same sign is found in the fold of the axilla, where it is faint and lasts but a short time. In the presence of this linear eruption in the fold of the elbow and of

the pigmentation which follows it, we may suspect scarlet fever even when the eruption over the rest of the body is very faint, or when it has disappeared sometime previously.

QUARANTINE SERVICE AT THE PORT OF NEW YORK.—Since the act of 1893, giving enlarged powers to the Marine Hospital Service in the matter of quarantine, all the ports of the United States have gradually passed out of the realm of politics and been taken under the jurisdiction of federal health officers, except Boston and New York.

The present situation at the port of New York depends upon the success of the Democratic party in the last campaign for governor. The position of health officer of that port carries with it a salary of \$12,500 per annum, and is considered one of the best plums which can be shaken from the gubernatorial tree. As the present incumbent is an appointee of a succession of former Republican governors, the Democrats are naturally insistent that one of their own party should succeed to the office.

The whole situation offers a strong argument in favor of federal jurisdiction of matters pertaining to the public health. In the first place, the port of New York is the point of entry of the majority of the immigrants coming to the United States, and its health officer is consequently the guardian of the health not only of New York State alone, but of the country at large. Furthermore, the medical examination of immigrants is already done by physicians in the United States service, so that, even though an immigrant be detained in quarantine, he must on his release be turned over to the authorities at Ellis Island, where he undergoes a second medical examination to determine his fitness to land from the standpoint of the national immigration law. Consequently there would appear to be an unnecessary division of authority in matters essentially of the same nature.

Considered from the humanitarian standpoint, the case is strong for federal control. Under existing conditions great hardships are often imposed on the immigrant himself. Hoffman's Island and Swinburne Island, where the quarantine station hospitals are located, are eight miles from the immigration station at Ellis

Island, and the separation of families of immigrants is thus so complete in cases where some of its members must be isolated that it is sometimes impossible for parents to reach the bedside of their dying children before a fatal issue. This is the more to be regretted in view of the fact that a large government hospital, especially designed for the care of diphtheria, measles and scarlet fever, has recently been erected upon an artificial island constructed within easy access of the general detention quarters at the immigration station. This hospital has been fully equipped and ready for occupancy for some time; so it would appear to be a natural step for the government to at least take over the care of the quarantinable diseases of childhood among immigrants.

Another argument in favor of the control of all quarantine stations by a department of health, national in scope, is to be found in a consideration of the financial aspects of the case. The federal government controls forty-five national and twenty-five insular quarantine stations. It has eighty-seven medical officers engaged in this work, and maintains over forty steamers, launches and barges for boarding vessels and incidental duties.* For all this, during 1910, the total expenditures were \$390,919.58,§ whereas the salaries alone of the officials and help at the port of New York amounted to over \$90,000 for the same period.†

If it be argued that the steamship companies meet these obligations themselves by means of fees which are turned into the national treasury it would be appropriated on a much more economical basis for the performance of the same work, and thus leave a considerable surplus which could be devoted to meet deficiencies which might arise in other branches of a national public health department.

Even though the efficiency of the work of health officers who hold their positions on account of political affiliations may be maintained, as in the present instance, at a high standard of excellence, it is nevertheless a matter of regret that the people of

*Official List of Officers, Quarantine Stations and Vessels, Public Health and Marine Hospital Service, July, 1910.

§Annual Report Surgeon General Public Health and Marine Hospital Service, 1910.

†Annual Report Comptroller New York State, 1911; pages 108, 109, 110.

the United States should have the quarantine service of a chief port of entry subject to changes in local administration, thus liable to the dangers arising from the influence of purely sectional interests.—*Cincinnati Lancet-Clinic*.

FRACTURES OF THE PATELLA.—Mr. C. B. Lockwood under the Harveian lecture this year at the Harveian Society, and subject chose "Fractures of the Patella," the surgical treatment of which has interested him so long. The requisite of treatment is a perfect result in the shortest period. Contrasting the treatment without and with operation he said in the first place that there was no risk to life and limb, but in the second he had to admit that a death was not unknown, and he had known amputation to be necessary on account of suppuration. These risks were remote. The best result to be hoped for without operation was a strong fibrous union, bony union being prevented by intrusion of the dorsal aponeurosis. There might be a useful limb, but without fibrous union there might be a defective limb with wasted muscles, or again wide separation, and this, too, with either a defective or useful limb. The treatment was lengthy, averaging a year. With operation, time was not long. Most important to many workmen, a patient might be at work again in six weeks. He had operated on thirty-seven patients, and advocated the open method, for details as to the fragments could not otherwise be ascertained. He made a semilunar incision on the inner side of each fragment, explored the joint, removed blood and clots, removed the dorsal aponeurosis between the ends of the bones, trimmed the torn capsule with scissors. The drainage tube was placed at the outer side of the joint. The fracture was transverse in most cases; it might be produced by muscular action or violence. For suturing the patella he used annealed silver wire, a single stout strand, only to keep the fragments in position, and he looked to bony union for strength. The knot had to be placed high so as to be out of the way in kneeling, and the loops must be arranged accordingly. Occasionally the wire had to be removed. Neville's or Mackintyre's splint was used. The drainage tube was removed in forty-eight hours, or perhaps more. He

seen skiagrams of twelve patients—all had good bony union, which he thought took three months to form. Patients had noted a slightly increased power of flexion, which did not trouble them. He considered the advantages of the operative plan outweighed the risks.—*London Letter in N. Y. Medical Record.*

SOME PLAIN TRUTHS CONCERNING ARSENO-BENZOL.—1.—Arseno-benzol does not cure syphilis, though it may cause its symptoms to disappear with greater rapidity, and may be more immediately efficacious than mercury.

2. It does not displace mercury in the treatment of ordinary cases; and when it is employed it should be followed by the usual mercurial medication.

3. It is indicated in:

a. Early cases, where it is especially desirable to remove all symptoms as quickly as possible, as for social reasons or to lessen the dangers of contagion.

b. Relapsing or refractory cases of later disease, in which mercury is ineffective or insufficient.

c. Cases in which the integrity of important organs is threatened, and in which haste is imperative.

d. Cases which cannot be subjected to careful and systematic observation and treatment.

4. It is contraindicated in:

a. Cases having serious internal organic lesions.

b. Cases having any optic nerve lesions.

c. Cases of late syphilitic effects, such as tabes, paresis.

5. The best method of administration is the intramuscular one, the clear solution being employed, and the quadratus lumborum site being selected.

6. Hospital care, or its equivalent at home, is required; it should never be administered in the office or dispensary.—*Dr. W. S. Gottheil, International Jour. of Surg., March, 1911.*

SALINE INFUSION IN ECLAMPSIA.—A. K. Armstrong reports the following case: A poorly nourished woman, aged 34, had previously four normal confinements. Her present confinement

at 8 months occurred before the arrival of the midwife, noticed nothing abnormal, and after attending to the mother and child left. Five hours later the patient was seized with convulsions. When seen by the writer she was unconscious, the pulse imperceptible, the heart beats irregular in force and frequency, but very rapid, about 200 per minute; the extremities cold and flaccid, and the respiration irregular and stertorous. At intervals of from 5 to 10 minutes she developed convulsions. They commenced with a tonic stage, during which the face came cyanosed, the limbs rigid and hands tightly clenched, and blood oozed from the vagina. A clonic stage followed; the duration of the whole fit was about 5 minutes. Hot water bottles were placed at her feet, and normal saline solution was infused at a rate of about 2 pints per hour into the subcutaneous tissue of the axillæ and thighs, the total amount infused being 4 pints. During the infusion she gradually improved. She had one or two more fits, but these became much less severe. When the infusion stopped she became conscious, though very drowsy, her respirations quieter and more regular, the pulse steady and beating at the rate of 90. There was no subsequent return of the fits. The urine after the infusion showed 3.5 per 1,000 of albumin.

The points of interest are the length of time after delivery before the onset of any symptoms—namely, 5 hours. When the infusion was commenced the patient was *in extremis*, and left to herself, must have soon died. She ultimately made a satisfactory recovery.—*The Med. Review.*

“CARRIERS” IN RELATION TO THE SPREAD OF DIPHTHERIA. Eben C. Hill, U. S. Army, describes an epidemic of diphtheria occurring in an isolated army post, in which the first case occurred in a man employed in the meat shop where all meats for the post were bought. This man was sick with nasal diphtheria for some three weeks before his case was diagnosed by culture. The second case was in a boy who had frequently been to market. From these developed a number of other typical cases, and many well carriers of the bacilli were discovered by culture. These were at once isolated until free from germs. All w

immunized with 1,000 units of antitoxin, including the infants, and no bad effects were observed. At the close of the epidemic no disinfection of houses was done, yet no further spread occurred. This epidemic emphasizes the fact that it is the carriers and undiagnosed cases that spread the disease, and not clothing and other fomites.—*Medical Record*, June 10, 1911.

MAGNESIUM SULPHATE FOR ERYSIPELAS.—Dr. Tucker, of Philadelphia, first tried compresses of magnesium sulphate with a view to relieve the pain in certain complications of venereal diseases, such as gonorrhœal arthritis, epididymitis, etc. He was surprised to find that they not only relieved the pain, but also exercised a curative effect upon the inflammatory processes. Since then he has applied these compresses in cases of erysipelas with equally good results. In nineteen cases of this disease, complicated with alcoholism, acute nephritis, pneumonia, etc., he has had three deaths, and in thirty-five cases without any such complications the condition has completely cleared up in the course of two to seven days without recourse to any internal medication. Dr. N. H. Choksy, of Bombay, reports equally successful results in thirty cases of erysipelas. Generally improvement is felt in the course of the first few hours, and in one to three days the pain and swelling are considerably diminished and the temperature falls to normal. The affected part is covered with about a dozen layers of gauze dipped into a saturated solution of magnesium sulphate, previously filtered through muslin. Over this is placed a piece of protective silk or guttapercha tissue, and the gauze is wetted again every two hours or even more frequently if necessary. The compresses should be changed and the part examined every twelve hours.—*The Hospital*.

SIXTY-FIVE THOUSAND DOLLARS FOR THE STUDY OF CANCER.—On May 11th the Governor of New York signed a bill appropriating \$65,000 for the establishment in Buffalo of a hospital to conduct investigations into the cause, nature, treatment, prevention, and cure of cancer and allied diseases. The management of the institution is to be vested in a board of trustees of

seven members, including the State Commissioner of Health *Medical Fortnightly*.

THORACIC ANEURYSM.—Dr. Dmitrenko draws attention to an important sign of thoracic aneurysm already enunciated by Williamson—namely, a difference in the arterial blood pressure on the two sides of the body. According to Dr. Williams whenever the difference between the arterial blood-pressure of the two brachial arteries attains or exceeds 30 millimetres, there is strong presumption in favor of the existence of an aneurysm. Depending chiefly on this sign, Dr. Dmitrenko was able to diagnose aneurysm of the thoracic aorta in a woman aged forty-nine admitted into hospital for pains which she had experienced for two years in the back, between the shoulder-blades and in the chest. The blood pressure measured 125 millimetres of mercury in the left brachial artery, and 155 millimetres in the right. Radioscopic examination fully confirmed the diagnosis. In another case of a woman aged fifty-four, complaining of pains in the back, dyspnoea, dysphagia, and frequent vomiting immediately after food, estimation of the blood pressure showed 200 millimetres for the right brachial artery and 253 millimetres for the left. Radioscopic examination showed the presence of an enormous dilatation of the whole ascending part of the aorta, with aneurysm of the transverse and descending portions.—*The Hospital*.

PSYCHOSES OF CHILD-BEARING.—Dr. James Dudley Morgan, Washington, D. C. (*Med. Rec.*, April 8, 1911), states that puerperal mania is not a disease entity, but that several kinds of psychoses may develop during pregnancy, the puerperium, and lactation. Psychoses developing in pregnancy will continue until labor is over; they are more frequent in multiparæ than in primiparæ. Age has not much influence on them. One cannot tell why one woman is exhilarated and another depressed by her situation; eclampsia and toxic infection are not more frequent with women who have maniac-depressive insanity than with normal women. One cannot say whether a psychosis will be pro-

duced by pregnancy or not, and whether it will occur in the puerperium or lactation. The mortality of the children of such mothers is very great. Negroes do not develop psychoses after miscarriages as readily as white women. The most frequent forms of psychosis are anxiety psychosis, collapse delirium, dementia præcox, and maniac-depressive insanity. Proper nursing and isolation will restore 80 per cent. of these cases to health.

THE CURE OF ENURESIS IN CHILDREN.—According to some the cause is a hyperplasia of the central nervous system. The immediate cause is a hyper-excitability of the detrusor vesicæ, with relaxation of the sphincter of the urethra, or a lack of development of the prostate and the failure of the bladder orifice to close. The therapeutic measures must depend upon the conditions that exist. General hygienic and dietetic measures are appropriate in all conditions. For hyper-excitability of the detrusor, deficiency of the sphincter and lack of development of the prostate, causing deficient closure of the bladder orifice, to eight ounces of sanmetto add eight drops of belladonna and eight drops of tinct. nux vomica, and of this one-half to one teaspoonful given before each meal and at bed time will be found useful. For reflex enuresis the removal of the cause followed with sanmetto.—*Charlotte Med. Journal.*

THE EFFICIENCY OF BLOOD-LETTING.—In medicine, as in all phases of human existence, there are fashions that come and go, that are revived and that hibernate. Fifty years ago phlebotomy dominated medical practice as inexorably as any fad that sways the feminine nature. There was much good in phlebotomy—and a very great deal of harm; the harm was by reason of its indiscriminate use, without consideration of the appropriateness of such a procedure. To-day blood is almost never let, no little courage would be required in the physician venturing upon this slight operation—because it is not now in the fashion. And yet there are many cases in which blood-letting is clearly indicated—some, indeed, in which it is absolutely essential to save the

patient's life. It must, however, not be done haphazard—after the manner which brought the operation into disrepute. It must be done scientifically, rationally, and only after due consideration of the pathological conditions in the given case. Upon such basis the lancet may be appropriate in cardiac dilatations, venous engorgements, arteriosclerosis and emphysema, when these conditions are characterized by dyspnoea, orthopnoea, lividity, high tension, hyperemia, or oedema; in pneumonias and perhaps in pleurisy; in cerebral congestion and hemorrhage, hepatic congestions, uremia, suppressed menses, hyperpyrexias, acute infections, and systemic intoxications generally. Other affections in which this procedure has been advised are: Delirium tremens, sunstroke, (when the blood is thick and mucous), gas poisoning, gout, chlorosis, tetanus, embolism and thrombosis, plethora, peritonitis, shock, lividity, the high tension pulse, bronchial asthma, comas, eclampsia, migraine, scarlet fever, intense asphyxia, erysipelas, pericarditis. Here one thinks of the painter who, when asked how he managed to get such wonderful colors on his canvas, answered that he mixed his paints with brains; when the physician proposes to venesect it is clear he must use his brains in determining the why and wherefore of his procedure.

Mr. John W. Milne* (surgeons are not called "Doctor" in England), makes a strong plea for the extended use of blood-letting—but scientifically and not in an empirical or routine manner, or for unwise reasons, or for no reason whatever. The operation is slight and simple if the parts and instruments are clean, and the vein constricted on the proximal side, to avoid the entrance of air. Milne's first vivid impression of blood-letting was got in 1899, when an epileptic was thus treated by him in a country cottage. Venesection was resorted to after every other means had failed to interrupt the succession of fits and to restore consciousness. The patient, a girl of seventeen, had an average

*The Efficacy of Blood-Letting. *The Practitioner*, December, 1910.

of a fit weekly. Before he opened the left median basilic vein the face was quite purple, with dilated pupils; there was profuse perspiration; the right heart was tremendously engorged and threatening failure, the beats becoming irregular both as to time and quality. The girl was ordinarily somewhat plethoric in habit of body, and the menses were then just commencing. Twenty ounces were drawn; upon which the patient ceased her twitching, squinting, and so forth. She sat up in bed, recognized those about her, and asked what happened, and what all the trouble was for. Every symptom disappeared, she was quite well the following day, and remained so (without needing bromides or any other medication) for three and a half months when a slight fit occurred. In another case, a young man who had epileptic fits at three weeks' intervals, was bled to faintness; and thereafter had no fit for twenty months. A third case was of impending apoplexy in a retired farmer, a heavy drinker, who presented evidences of arterial degeneration, the urine indicating the small cirrhotic kidney. Milne found this patient very excited, the face engorged, the eyes bulging, the pulse of very high tension, the heart dilated downward and to the left. The sufferer was irritable, confused and giddy, the pulsations surging in his ears. He feared an impending calamity, and constantly reverted to the fact that hemiplegias has been common among his ancestors and his collaterals. Being relieved of twenty-seven ounces of dark blood (which showed very little tendency to coagulate) he felt much better; the engorgement subsided, and the next day he was in his usual health, except that in three or four days he had a very slight ingravescent hemiplegia, and one may have fairly assumed that, had phlebotomy not been done, a fatal apoplexy must have taken place.

In another patient, aged 63, mental symptoms predominated over the engorgement. There had been a peculiar condition which, responding to potassium iodide, was concluded to be either a gumma or a serous cerebral

effusion. Assuming some weakness of the vessel walls, and considering the extra strain of the patient's excitement Milne venesected, reasoning that the thickness—and therefore the resistance and elastic recoil of a vessel may increase directly with its sectional area, which depends on the volume of blood present. Following upon the venesection all excitement passed away, the patient's mind returned to normal, and he had restful sleep for the first time "in many days."

Such cases as these testify eloquently to the value of judicious venesection.—*Medical Times*.

NAUSEA OF PREGNANCY.—Fonde, of Mobile, Ala., advises that when the patient has reached the stage of nausea with the irritated stomach and congested liver with food stasis and beginning constitutional injury, the preliminary administration of small doses of a combination of calomel, nux and ipecac, and for a short time, simple antacids, such as oxide of magnesia with perhaps some slight sedative will be necessary. In all cases some simple laxative, such as cascara, will be needed generally throughout pregnancy.

The author's experience with the Lenharz treatment for peptic ulcer, some of his cases being actively bleeding and causing intense pain, rapid pulse and a generally bad outlook, caused him to use a modification in cases of nausea of pregnancy:

1. Rest in bed, ice pad over stomach; the object being to bring about general rest, and especially of the dynamic and secretory action of the stomach.

2. Skimmed, sweet milk containing a tablespoonful of lime water to the goblet; two tablespoonfuls at each feeding to be given every hour, the patient to be given food from a teaspoon and not allowed to feed herself. The milk is to be packed attractively in ice and administered from this package, cold. Each day the quantity is increased by two intervals in feeding at night. By this increase

is but a short time before the patient is getting three or more quarts of milk a day. In the Lenharz diet, on the third day raw eggs are stirred in the milk and thereafter on every third day an additional article of diet is added until the patient is given much more food than is needed for the average workman; with the result that the general strength and weight together with greater resistance of the patient to all morbid conditions obtains, especially those of the nervous and functional type, as we have in the nausea or toxemia of pregnancy.

As the frequent administration of milk may not be carried on after bed time, the author is accustomed to order then the familiar prescription for hyperchlorhydria, composed of calcined magnesia and extract of belladonna, with at times a little subcarbonate of bismuth, to promote rest over night from secretions and acidity in the stomach.

The frequent administration and accurate measuring of milk will generally be found unnecessary after several days or a week, when the patient's general tone and nutrition have improved. Many of the patients will be strongly prejudiced and even convinced that sweet milk hurts them most of all articles of diet; but when it is explained that milk taken in the ordinary way in an excessively acid stomach forms a large, tough bolus which causes their great distress mechanically and by provoking still further overflow of acid secretion, and that the gradual and minute quantities will logically avert the distress, a trial will promptly overcome the objection and the explanation will have a suggestive effect always valuable in functional and nervous disorders.

General hygienic measures and agreeable occupation, when permissible, are not neglected.—*Medical Standard.*

TREATMENT OF ASTHMA.—Williams, in the *Practitioner*, points out that we do not withhold brandy from a patient who is fainting or is suffering from acute indigestion simply because a too frequent resort to brandy is disastrous,

but having relieved the immediate symptoms we do what we can to strengthen the weak heart or overcome the tendency to dyspepsia, and if there is any need for a warning we guard the patient against constantly nipping for even a flutter of the heart or gastric discomfort. So with all selective remedies for asthma, however good they may be in relieving an attack, they must be regarded as necessary evils, and we ought to warn patients against continually "nipping" alkaloids in the form of burning powders, cigarettes or vaporized solutions.

Strong coffee is sometimes valuable in asthma; caffeine citrate is another good remedy, two or three grains for a dose. Iodide of sodium in five-grain doses three times daily will keep off attacks in some cases. But the most useful remedy for an attack in his experience, the author asserts, is caffeine iodide. This may be given in a tablet, but it is very difficult to dissolve, but it is prone to cause gastric irritation and sickness, and in the writer's experience there is no solution equal to that dispensed under the name eucaine. For an adult a fluid-drachm may be given in a little hot water and repeated in half an hour if required. Some patients cannot take even this small amount of iodide without symptoms of iodism; in such cases five or ten grains of calcium chloride may be given before or after the caffeine iodide. (They cannot be dispensed together, as calcium iodide is formed, and the calcium has then no controlling influence against iodism.)

For children the dose should be lessened.

Another combination of considerable value is:

Trinitrin, gr. 1-200 to 1-100;

Sodium iodide, grs. 3 to 5.

Repeat every two or three hours till the attack subsides.

Or,

Sodium nitrate, gr. 1-2 to 1;

Sodium iodide, grs. 3 to 5.

Every two or three hours.—*Medical Standard.*

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A REPRESSIVE TREATMENT FOR ACUTE GONORRHEA.*

BY C. F. ANDERSON, M.D., OF NASHVILLE, TENN.

It is a conservative estimate that fully one-eighth of all human disease and suffering comes from gonorrheal infection. Moreover, the incident of these diseases falls most heavily upon the young during the most active and productive period of life. It is a fact worthy of consideration that every year, in this country, 770,000 males reach the age of maturity; that is, they approach the danger zone of debauch. It may be affirmed that under existing conditions

*Read at regular meeting of the Nashville Academy of Medicine, Tuesday, June 20, 1911.

at least 60%, or over 450,000, of these young men some time during life will become infected with venereal disease, the experience of the past is to be expected as a criterion for the future. Twenty per cent. of these infections will occur before their twenty-first year, 50% before their twenty-fifth year, and more than 80% before they pass their thirtieth year.

These 450,000 infections, be it understood, represent the venereal morbidity incident to the male product in a single year. Each succeeding group of males who pass the sixtieth year furnishes its quota of victims, so that the total morbidity from this constantly accumulative growth forms an immense aggregate.

There is abundant statistical evidence to show that 80% of the deaths from inflammatory diseases peculiar to women, 75% of all special surgical operations performed on women, and over 60% of all the work done by specialists in diseases of women are the result of specific infection. In addition, 50% or more of these infected women are rendered absolutely sterile and many are condemned to life-long invalidism. From 70 to 80 percent of the ophthalmia which blots out the eyes of babies, and 15 to 20 percent of all blindness is caused by the gonococcus infection. These statistics are quoted from the American Journal of Medical Science of last year.

Although this is an old subject and one upon which much has been written, you will admit that anything relating to this disease continues to be of great importance.

By the repressive treatment of acute gonorrhea, we must avoid the employment of such local treatment as is calculated to control the inflammation; but with the prime object of lessening the symptoms, the complications, and the prospects of chronicity, not of cutting short the acute attack. Right here, I might say that this method of treatment occasionally, and even sometimes accidentally, results in the abortion of the disease. I believe it will abort the disease as often, if not oftener than any of the so-called abortive treatments which are more or less dangerous; while if the

disease is not throttled by this method, no harm has resulted and the urethra is left in a good condition to withstand the long siege to follow.

The cases suitable for repressive treatment are those seen early in the attack, before the inflammatory symptoms are pronounced, which will admit most cases not more than four or five days old. Of course, this is more or less a personal equation. The physician that is not familiar with the treatment of urethral disease can expect but little by this method, and probably had better rely on the expectant plan.

The systemic treatment is always employed and is of the greatest importance. This alone is such a broad and comprehensive subject that we will not attempt to discuss it at this time, suffice it to say, that the patient should have full and thorough instructions as to cleanliness, diet, rest, sexual hygiene, etc., with a little heart to heart talk in which he should be taught the real severity and gravity of the disease, with an effort to expel the idea too often present, that it is just a little dose of clap, that will get well in a few days and implant the true idea that it is a G. urethritis that is grave and far reaching, and in the treatment you will not only need his co-operation, but that you will have to have in order to produce a cure that will take some four to six weeks in the favorable cases.

So it is my custom to tell them that if they take one drink every day and have economical intercourse, that they probably will have gonorrhea or some of its many complications as long as they live. I also try to convince them at this time that the old statement that gonorrhea is no worse than a bad cold is only a popular myth. I do convince them that it is not a \$10.00 or \$15.00 job.

LOCAL TREATMENT.

The patient is shown how to inject his urethra. Then given a 10% Sol. of Argyrol to be used four times a day, always after urinating. This is to be held in the urethra ten minutes *by the watch*, unless it causes too much pain, in

which event the time is shortened or the solution reduced.

The patient is told to soak the entire penis in water as hot as can be borne for 15 minutes before each of these injections, this allays inflammation and makes the patient more comfortable, besides it produces a hyperemia that we have thought to be of value, along the line of Biers treatment.

After the soaking and injection, the dressing is applied. I use a strip of gauze of several thickness about three inches in width and twice the length of the flaccid penis. The gland is placed in the center of this strip and the ends lie along the upper and lower surface. A small rubber band is put around the root of the penis over the gauze to hold it in position. The rubber band may also add to the hyperemia of the organ and the urethra share in this benefit.

The patient reports every day for the first week, and two or three times a week thereafter. The discharge disappears in about one week's time. The first urine is not yet clear. The second urine is clear, unless the posterior urethra has been invaded. The subjective symptoms are about gone. In a few days after the discharge has apparently stopped, often there will be a sudden change for the worse, the discharge increases, urine becomes cloudy, with more or less pain on urination, etc. Now one of two things has taken place; either the disease is escaping control or the injection is producing too much irritation. In order to tell which is the case, stop all treatment and have him come back the next day. The symptoms will be better or worse. Examine the discharge. If the symptoms have diminished and no gonococci are found, it was evidently the medicine, so don't give any more injections, but have him come back each day and bring two slides. As long as the discharge is getting better and contains no gonococci, do not give him any injections. When the gonococci reappear begin the Argyro injection. If they do not re-appear and the discharge stops and the urine is clear and sparkling, no further medication is needed. If it is not quite clear, a few injections of an astringent will finish the treatment. I generally use a mix-

ture composed of equal parts of Carbolic Acid, Zinc Sulph., and Alum Pul., with Glycerine and water.

After the urine has remained clear for one week, the cure is verified in the usual way.

In those cases where the symptoms remain stationary you will almost invariably find gonococci. They should be looked for repeatedly, when found renew the Argyrol injections. Irrigations of Permanganate will often help you to clear up the last evidence of the disease, or an irrigation may be substituted for one of the Argyrol injections. When the cocci are few and diminishing the Argyrol injections are gradually replaced by the irrigations. If the case is seen very late, the Argyrol injection will have to be begun very carefully—feeling your way, so to speak—using a milder solution and holding it in for two or three minutes the first day or two until the acuteness subsides.

Posterior Urethritis:—The involvement of the posterior urethra occurs in about 50% of my cases. This must be watched for very carefully and constantly. The urine passed in two glasses is examined at each visit. The first appearance of cloudiness (due to pus) in the second glass shows involvement of the Posterior Urethra. At this time the patient should be ordered to wear a close fitting suspensory. If the anterior urethritis is not *well* under control, don't begin to treat the posterior urethritis when it first makes its appearance, but continue the treatment to the anterior urethra and you may be able to control it before the posterior urethritis begins to show subjective symptoms. When you fail to accomplish this, or in other words, if the subjective symptoms of the Posterior urethritis appear before the Anterior Urethritis is controlled, you are confronted with one of the most painful conditions of this disease, and you must now elect one of two courses, the one in which in your judgment has the best chance for success. That is if you feel that the anterior urethritis is *uncontrollable*, the Repressive treatment should be abandoned. However, if you think the anterior urithritis *can* be controlled, then go

on with your treatment to the posterior urethra. If you are in doubt, stop all local treatment. If the anterior urethritis is well controlled when the pus first shows in the second glass of urine, promptly instill into the posterior urethra 1 to 15 M. of a 20% Sol. of Argyrol once a day or irrigate the whole urethra once a day with Perman. Potash Sol. 1 to 6000. If the posterior urethritis begins to show symptoms in spite of this treatment, the patient may be put to bed and hot Sitz-baths given twice a day and the treatment continued. If the symptoms progress and the patient is unable to rest, all local treatment should be stopped. The patient is kept quiet and given sedatives of which bromides are usually the best. The hot water bag constantly applied to the perineum will usually give relief. Some cases require Morphia.

It is claimed that the instillation of a very strong Nitrate of Silver solution into the posterior urethra will give great relief. This I have never tried, as I do not use instruments in an acutely inflamed urethra.

The patient should be kept in bed and this line of treatment carried out until the acute and painful symptoms subside.

I have been using this treatment for about two years and it has been eminently satisfactory. It has three main advantages over any other treatment with which I am familiar.

1st. It relieves and makes more bearable the suffering of the unfortunate victim.

2nd. It diminishes the prospects of chronicity, which is a relief to doctor and patient alike.

3rd. It is followed by the fewest complications.

The only disadvantage it possesses is the fact that it requires lots of time on the part of the patient to carry it out. When you tell your patient he must soak his penis for 10 minutes and then hold the injection for 10 minutes 4 times daily, allowing some time for getting ready each time as well as getting to a secret place, you can see it will

sume about three hours of his time each day besides his visit to your office. That really means that most of his time is going to be taken for the treatment of his gonorrhea, so you can see that this is hard to do.

This apparent hardship will help you to impress upon your patient the gravity of his trouble and the necessity for his co-operation; and when these two facts are well understood, one of your most important functions is performed.

If he will carry out this routine, he will certainly be repaid by an early and generally a complete recovery.

GALL-STONES IN EARLY LIFE.

BY L. E. BURCH, M.D., OF NASHVILLE, TENN.

This patient is twenty-one years old. Mother living, father lived to old age and died of uræmia. During childhood patient had measles and roseola. Eleven years ago she had a spell of fever that lasted seven weeks that was thought to be typhoid, and nine months after recovery from this spell she was jaundiced for three weeks. Menstrual life began at the age of thirteen. She has never been regular except the last three months, when she was regular and suffered no pain. Period usually lasts from four to five days. Pain begins the day before flow and generally lasts the first two days of flow. It is never severe, and is more of an uncomfortable feeling than an actual pain. Frequently the pain is reflected down the right thigh during menstrual period and this reflected pain often occurs between periods. The last day of the flow is usually accompanied by a dull headache. Five years ago patient had an attack of colic, which was situated in the epigastrium. At the time she thought it was due to fruit cake of which she had partaken very freely. During this attack patient was unable to retain anything on the stomach. For about a week following the attack there was considerable distension of the abdomen associated with a general soreness. Her digestion has never

been good. Frequently she has a sour stomach and often she takes simple remedies, such as pepsin, etc., for the relief of the dyspepsia. She has never had any hemorrhage from either stomach or bowels. During the last year she has had frequent attacks of colic that come on every three to four weeks. Food seems to play no part either in the production or the relief of this colicky pain. The pain is situated over the region of the gall bladder, lasts only a short time and is often reflected to the back. She is nearly always nauseated during the attack and sometimes vomits. The patient says that she generally becomes cold and clammy during the last attack it was necessary for her attending physician, Dr. B. S. Rhea, of Lebanon, to administer morphine. This is the only time, however, that morphine was necessary. The attack generally begins in the afternoon and leaves about 8 or 9 p. m. Sometimes after attack the patient is able to be out the next day. Sometimes she is compelled to remain in bed for a day following the colic, on account of softness. Patient says that she has to breathe very shallow during the paroxysm to protect herself from the pain. She always has a bad taste in her mouth, and an attack is often preceded by a headache. With this exception, she feels unusually well before an attack of colic. Her appetite is extremely good, but nothing tastes right. The patient states that she is naturally of a light complexion, but that she becomes yellow very quickly, and it remains a considerable time.

Ewald's test meal showed a total acidity of forty per cent. Free hydrochloric acid 29 per cent. No food remnants.

Urine, 1016, Sp. G., Amber in color, reaction neutral, sugar or albumen, a few pus and epithelial cells. The specimen examined was not a catheterized specimen.

Blood. Hemaglobin 81 per cent.

Red corpuscles, 5,056,000.

White corpuscles, 6,160.

From the above history a diagnosis of gallstones was

made, with the possibility of a diseased appendix. The abdomen was opened through the right rectus muscle, the gall bladder was found to be twice its normal size, and of a bluish color. An aspirator was introduced and several ounces of black, tarry fluid was removed; the gallstone scoup was introduced and sixty-two gallstones were found. The appendix was found to be diseased and was also removed. I am happy to report that the patient made an uninterrupted recovery, and at the present time, three months after operation, is absolutely free from all symptoms and feels better than she has for years. The usual points in this case are the age of the patient, it being exceedingly rare to find gallstones under thirty. The text books say that a blue gall bladder is an indication of a normal one. In this case this rule did not apply. In my opinion any case with a Typhoid history, followed by a long period of digestive symptoms, is very suggestive of pathology in gall bladder or appendix.

OCCIPITO-POSTERIOR POSITIONS.

R. O. TUCKER, M.D.,

Prof. Obstetrics, Vanderbilt University, Medical Dept.

The experiences of the past few years in obstetric practice is the prime motive for this short paper. My object is to call the attention of the members to the frequency of posterior positions of the occiput. Kerr, in his late works, states that it occurs in 20% of all vertex cases. Williams places the percentage at 16.8, but states this low ratio is due no doubt to the fact that many of his cases were originally occipito-posterior positions that had rotated before admittance to the hospital. I do not think the percentage of cases here is over-estimated and the reason we hear so little of those occipito-posterior positions is because the correct diagnosis was not made during the labor.

Etiology.—Little is known as to the cause of the vertex seeking this position. We do know that it most frequently

occurs in those cases in which the foetal head is relatively undersized. King, in his manual, states as a cause is that the head is larger than usual, but this certainly is not the experience of most obstetricians. In all probability any deviation from the normal diameters of the foetal head will aid in its production.

Diagnosis.—This is a cause of dread of most physicians, or rather the want of a correct diagnosis. If the obstetrician depends entirely upon making his diagnosis by vaginal examination he will surely get into trouble. No one at the beginning of labor when the os is only slightly dilated is able to make a positive diagnosis by this method. To make a diagnosis by this means you must have sufficient dilatation to introduce three or four fingers into the uterus and occasionally the whole hand. For the introduction of the hand an anæsthetic must be given. With the fingers in the uterus the diagnosis should be made only when you feel the foetal ear. The one easier reached being the posterior.

The diagnosis of the position can be made out as a rule, by abdominal palpation. You will find that the back of the foetus is distinguished with difficulty, frequently not at all, but you do find the foetal limbs to the front. That is, the belly of the child is turned to the abdominal wall of the mother. If you have this with a vertex presentation the diagnosis is made. There is one point to which I wish to call attention. That is, when the membranes rupture at the beginning or early in labor in a vertex presentation it always arouses my suspicion, and calls for a very painstaking examination. I find that in a majority of cases where this early rupture occurs that the occiput is posterior.

Late in labor when its progress is delayed and uterine inertia has been established and an attempt is made to deliver with forceps, nature according to Tweedy and those of us who have tried it, know it to be true, gives us a late warning that we are dealing with a posterior and not an anterior position.

That is, when the forceps is applied and traction made

there is a peculiar stretching and widening of the perineum in front of the advancing head. This stretching is so great that the perineum often begins to tear before the head reaches the pelvic floor. In addition, great force is exerted during the delivery. This never occurs in anterior positions after rotation.

Prognosis.—For the mother a prolonged and tedious labor, exhaustion even death. Severe lacerations are more apt to occur than in the favorable position. According to Edgar about 10% of the children are lost. The causes of this prolonged labor are readily appreciated when we take into account the mechanism by which delivery is affected. In those in which anterior rotation of the occiput occurs, which it will do in 95%, the occiput must rotate over 135 degrees of the pelvic circle instead of 45 degrees as it would do if situated anteriorly. This anterior rotation occurs late in the second stage of labor and it consumes a great amount of time, as well as uterine force, to accomplish it. If the rotation should occur, the occiput turning backwards the labor is very much prolonged for anatomical reasons.

In the anterior positions after the occiput is pushed down and passed under the symphysis the neck of the foetus which measures about two inches, passes easily over the symphysis, which is about one and a half inches in depth. This constitutes the depth of the anterior wall. When the occiput rotates into the hollow of the sacrum it is a very different proposition. The distance from the promontory of the sacrum to the tip of the coccyx is about five inches, from the tip of the coccyx to the edge of the distended perineum is about the same distance; hence, the occiput and the neck of the child must travel more than six times the distance that it does in the anterior position before it can be delivered. It is true that delivery does take place frequently. Vernier says that in 5 cases spontaneous delivery occurred 30 times. But this is not the experience of American and English writers. This is due no doubt to the difference of practice in these countries and continental Eur-

ope. In my cases uterine inertia is the rule and extraneous help is demanded.

Treatment.—The treatment of the occipito-posterior positions depends, first, upon the situation of the child's head, whether high, midway or low; and upon the condition of mother and foetus.

Williams thinks when the head is arrested at the superior strait version should be done if the operation is feasible, and is not contraindicated by disproportion between the child's head and the inlet.

When the head is fixed it should be let alone as the great majority of them rotate forward. This means a long tedious labor and a long period of time for the attendant, and it is because we will not do this (Kerr) that we meet with so many cases of persistent posterior positions.

There are four methods of treatment when the occiput remains persistently posterior after a great length of time has been given it.

These are: 1. Leaving the case to nature. 2. Manual rotation and extraction with forceps. 3. Forceps rotation and extraction. 4. Forceps delivery, the occiput rotating backwards.

As Vernier states, in 30 out of his 35 cases spontaneous delivery took place, this would probably take place here with us, but for the fact that interference is practiced earlier. To those who interfere earlier there will not be so many foetal deaths. To those who wait, a foetal mortality of 10 to 12 per cent. may be expected as compared with four to five per cent. to those who hasten delivery either manually or by the judicious use of forceps.

In England the second method, manual rotation and extraction by forceps, is more in favor. We have all been taught that in these cases we should promote flexion by introducing two fingers into the vagina or uterus and push up on the anterior pole of the child's head during the uterine contraction; failing in this, to hook the fingers over the occiput and attempt to pull it down.

Personally I have never seen it succeed. It may be because I was not persistent. Manual rotation strictly, is the introduction of the hand within into the vagina under anæsthesia, grasping the head between the fingers and the thumb. For the maneuver to be successful the head must be flexed and raised out of the pelvic cavity. The occiput is not pulled around anteriorly. With the other hand the shoulder is pushed around or you should have your assistant do this. It is essential that the shoulder be brought around, failing to do so results in the head resuming its original position. After rotation is completed forceps should be applied and the child delivered. I have tried this method in four cases recently with success, and I am of the opinion that it will grow in favor in this country.

If you fail to get rotation after this method, it has been recommended that the hand be carried up into the uterus and the anterior shoulder seized and pulled around. Kerr did this successfully in a case where forceps failed.

The third method: Forceps rotation and extraction is the one most frequently practiced in this country, it is advocated by Edgar, Williams, Hirst, and many others. Williams says he views an occipito-posterior position with equanimity and does not take the gloomy view of a great many writers.

In the use of forceps a double application must be made. It is in these cases where unexpected trouble arises in delivering a supposed anterior position, and when you see the peculiar stretching of the perineum as mentioned by Tweedy, that the forceps should be withdrawn and a more careful examination be made. You will find the occiput posterior in a great majority of cases. There should be no great difficulty in delivering the anterior positions.

For a forceps delivery the blades of the instrument should be applied to the sides of the child's head and not in reference to the sides of the mother's pelvis. When the instrument is in position the pelvic curve is toward the child's face. Then traction is made as far downward and back-

ward as possible until the head reaches the pelvic floor. When it is reached, a rotary movement should be given the forceps, bringing the sagittal suture gradually first into the transverse diameter of the pelvis, then into the oblique diameter. When this is accomplished your forceps will occupy the opposite oblique diameter and if the rotation is completed they will be upside down; that is, the pelvic curve will be looking directly backwards. The forceps at this time, that is when the occiput is anterior and the sagittal suture is in the oblique diameter, should be removed and re-introduced as in any ordinary anterior position. The results obtained from this method are very satisfactory. The instrument of choice in the first application is the Tarnier axis-traction instrument; for the second application the ordinary long forceps should be substituted.

In low cases Edgar advises the forceps applied inverted, to make traction and when the head shows a tendency to rotate to assist with the instrument, waiting between tractions long enough for the body of the child to adjust itself to the changed position of the head. This will be the most frequent variety met with.

Occasionally all our efforts at anterior rotation will fail and the occiput turn into the hollow of the sacrum. This is caused, as a rule, by want of flexion or the want of resistance of the pelvic floor from numerous labors or old lacerations. As before stated, nature may be able to deliver; but as a rule forceps will be needed, and it will require a great deal of force to deliver unless they are properly applied and traction be made in the correct line, even then there is a tendency for the instrument to slip.

Should the child die under these circumstances, no esthetic reason should deter us from perforating the head and relieving the woman from her perilous condition.

SANMETTO has a most beneficial effect in all irritations and inflammations of the genito-urinary mucous membranes—a most excellently prepared combination of Saw Palmetto and Sandal wood oil.

HEMORRHOIDS.

BY E. PALMER, M.D., OF LOGANSPOUT, IND.

Without any comment on the nature, causes, varieties, or pathological conditions found existing in rectal ailments, I will transcribe from my records some cases of hemorrhoidal troubles that I have treated within the last two years with Glyco-Thymoline.

CASE 1.—Mr. B. O. H., age 29; had been ailing several years with what he called Piles. A careful examination revealed the following condition: On the margin of the anus were three strangulated tumors about the size and color of a Concord grape. On continued pressure the tumors would empty themselves almost entirely but refill again in the course of an hour. Several similar tumors about the size of a pea were found just inside the sphincter. Anal moisture and pruritus were very troublesome, but singularly enough little pain was complained of. The bowels were somewhat constipated. Regulated the diet and secretions, gave an enema of two ounces of a fifty percent solution of Glyco-Thymoline every night and morning quite warm, held in until absorbed, and applied same to anus on lamb's wool during the night and as much of the daytime as he could spare from his office. A decided improvement was noted in a week, and three weeks later he was cured. That was nearly two years ago and there has been no trouble since.

CASE 2.—Mrs. R., consulted me regarding "bleeding Piles," which had been gradually growing worse for three or four years. At every stool she would bleed two or three tablespoonfuls. She had become quite anemic. No external tumors. A corroding ulcer as large as a nickel was diagnosed just inside of the internal sphincter. Washed out the rectum three times a day at first with a warm solution of Boric Acid and then gave an enema of one ounce of Glyco-Thymoline full strength hot, held in until absorbed. A wonderful relief was noted from the first treatment. After four

days only two enemas a day were used as no blood was passed. At the end of two weeks time a careful examination of the rectum showed it to be perfectly normal. She was cured. No return after eight months.

CASE 3.—Mr. W. M., afflicted with three large tumors situated at the margin of anus, strangulated, very painful and almost black. Continued pressure did not seem sufficient to entirely empty them. This was a case that five years ago nothing but Carbolic Acid injected would have been thought to cure. Kept bowels quite soluble with salines, put the patient to bed, injected thirty drops of warm Glyco-Thymoline full strength into the largest tumor and applied the same one-half strength hot on lamb's wool compresses continuously to the parts. At the end of thirty-six hours the injected tumor had quite disappeared and the other two had been reduced one-half. I now injected the other two with fifteen drops each of Glyco-Thymoline and continued the hot compresses as before. In twenty-four hours more all pain had stopped and the tumors entirely disappeared. Internal examination of the rectum revealed two smaller tumors just inside the sphincter. An enema of two ounces of a fifty percent solution of Glyco-Thymoline hot, held in until absorbed was given every night and morning for three days. External compresses continued for a few days longer as a preventive cure of any return of the trouble. At the end of nine days a cure was pronounced which has remained after eleven months.

CASE 4.—A mother brought her baby, eight months old, to me for treatment for Piles. Found five tumors about the size of a small pea protruding from the anus; very sensitive and bleeding a little most of the time. Kept the bowels quite loose with Cascara and gave the mother a four-ounce bottle of Glyco-Thymoline and told her to apply it locally, one-half strength quite warm and report in three days. At the appointed time she called with the child much better; tumors entirely absorbed and very little tenderness remained. Continued the treatment a few days longer to finish the cure, which is permanent.

CASE 5.—Miss M. L., age 38; seamstress. Bowels obstinately constipated; indigestion; quiet anemic; nervous; complained of Piles very much with bleeding at stool. At my first visit no examination was made as I considered nothing could be done locally until her general health was improved. Established a proper diet, regulated the bowels, opened up the secretions, enforced more physical exercise outdoors and eight hours sleep. At the end of the week's preparatory treatment, I found two quite large strangulated hemorrhoids just within the internal sphincter. Flushed the rectum with a hot Glyco-Thymoline solution one ounce to the quart every night and morning following with an enema of one ounce of warm Glyco-Thymoline full strength held in until absorbed. Immediate relief was afforded. After the first five days only one enema was used daily. At the end of the second week all treatment was stopped and patient cured. No return after fourteen months. This patient had used hot Boric Acid solutions previous to coming to me for treatment without any beneficial results.

CASE 6.—Mr. H. H., age 72, consulted me concerning anal Pruritus which he stated had troubled him more or less for forty-five years, but lately had become agonizing. He had no rest nights from nervous exhaustion. An examination showed no Piles, no fissure, no pin worms. Urine quite normal. Much excoriation of anus from scratching. Kept bowels free with a morning saline and applied Glyco-Thymoline hot full strength on lamb's wool all night and much of the day. Considerable relief was experienced within forty-eight hours. Continued the local applications and gave an enema of one ounce of same night and morning, held in until absorbed. In just one week from his first visit to my office he was cured to stay. No return in seventeen months. I look upon this as a very remarkable cure considering his age and the length of time he was afflicted.

CASE 7.—Miss E., age 21, complained of much uneasiness in the rectum all the time. Excruciating pain at stool with occasionally a small amount of blood. Local examination

not allowed. She said there were no tumors outside or protrusion of the anus. Bowels quite regular but I gave a mild saline every morning. Could do no better than to guess at the pathological condition, or indications for treatment. Directed her nurse to give enemas of two ounces of warm Glyco-Thymoline, half strength every night and morning, held in until absorbed, with abstemious diet and patient reported herself cured in twelve days. No return after five months.

Records, Recollections and Reminiscences.

PROCEEDINGS OF THE ASSOCIATION OF MEDICAL OFFICERS OF THE ARMY AND NAVY OF THE CONFEDERACY.—FOURTEENTH ANNUAL SESSION.

The Association met in regular session in the chapel of the First Presbyterian Church, in Little Rock, Ark., at 10 o'clock, a. m., Tuesday, May 16, 1911, and was called to order by Dr. Frank Vinsonhaler, Chairman of the Committee of Arrangements, who briefly stated that he had requested Dr. W. B. Welch, of Fayetteville, Arkansas, a prominent surgeon in the Trans-Mississippi Dept. of the State C. S. A., to act for him in the opening session.

Dr. Welch then took the chair and called on Rev. John Van Leer of the Presbyterian Church, to open the meeting with prayer, after which he made a brief but very appropriate introductory address. Next, the Address of Welcome, on behalf of the Pulaski Medical Society and citizens, of Little Rock, was delivered by Dr. Milton Vaughn, and was responded to by Dr. Deering J. Roberts, of Nashville, Tenn., on behalf of the Association.

Dr. Welch then invited the President, Dr. E. D. Newton, to the chair, who immediately proceeded to deliver the usual Presidential address.

The minutes of the last session, held at Mobile, Ala., were read, approved and adopted.

The Secretary, under head of communications, read a letter from Dr. C. H. Tebault, New Orleans, La., expressing regret that he was prevented from attending the meeting of the Association, through serious physical disability.

Next was presented a joint letter from Misses Margaret and Kate Stout, of Clarendon, Texas, daughters of the late Dr. S. H. Stout. This communication bore upon the question of the publication of Dr. Stout's records. The letter expressed renewed desire to have these papers published because it was their father's wish; and further stated that no compensation through the direct sale of manuscripts to the Association was expected. The letter was deemed entirely satisfactory and the merits of the case were earnestly discussed by several members present, among them Dr. D. J. Roberts, Tennessee; J. B. Pease, Mississippi, and W. J. Kerr, Texas., all of whom dwelt upon the value of these papers. The Secretary was directed to acknowledge the letter of these young ladies.

Dr. J. B. Bond, of Little Rock, extended, in the name of himself and wife, a cordial invitation to the members of the Association, their wives and daughters, to attend a reception at his residence, at 8 o'clock, Thursday evening, to meet the medical profession of Little Rock. The invitation was accepted and sincere thanks of the Association returned.

Dr. Vinsonhaler, Chairman of Committee of Arrangements, announced that luncheon had been prepared and was in waiting immediately across the street as soon as the Association was ready for it. Thereupon, the noon hour being passed, recess was taken until 2 o'clock p. m.

AFTERNOON SESSION.—FIRST DAY.

Promptly at 2 o'clock the Association was called to order by the President, Dr. E. D. Newton. As preliminary to the consideration of committee reports, the following communication was presented and read by the Secretary:

Dr. A. A. Lyon, Secretary, Association of the Medical Officers of the Army and Navy of the Confederacy.—My Dear Doctor and Secretary: As Chairman of the Committees,

(1) To ascertain the facts concerning records of the Medical Department of the Confederate States, held in the War Department at Washington, D. C.; (2) To ascertain the facts concerning the Hospital Reports of the Army of Tennessee, said to be in the possession of the family of Dr. S. H. Stout; also, concerning the records left by Dr. A. J. Foard, Medical Director, Army of Tennessee, etc., it is my desire that the Association be informed that there is nothing new that I am able to report, beyond the reports made at the annual meeting at Mobile, in the year 1910.

I am unable to see how I may be of further service in these matters, and therefore request that the Committee be discharged.

Yours respectfully,

SAMUEL E. LEWIS, M. D., Chairman.

On motion the report was received and the Committee discharged.

The report of Dr. S. E. Lewis, Washington, D. C., Chairman of the Committee on "Monument to Samuel Preston Moore, M. D., Surgeon General of C. S. A.," was presented by the Secretary. The report was very elaborate, and circumstantial, embodying every minute detail in connection with the monument, and evinced great care in its preparation. Owing to its length it could not be read verbatim, but an epitome was presented by the Secretary and the full document circulated for closer examination by the members.

Renewed interest was manifested in the final erection of the monument, a beautiful pictured model of which was shown in connection with the report. The model was heartily endorsed. After full discussion and favorable comment, participated in by Drs. Roberts, Newton, Ragan, and others, the report was, on motion of Dr. Roberts, unanimously adopted.

The committee appointed at the last session (Mobile), to bring in a report on revision of the Constitution and By-Laws of the Association at this meeting was submitted, through Dr. S. E. Lewis, in the form of a new Constitution,

embodying for the most part the old instrument, yet making some important changes, changes that were in the estimation of most of those present beneficial. In view of the small attendance it was not discussed at length, but the decision was reached that under existing conditions we should delay action.

Dr. T. J. Edwards, of Louisiana, moved that the final report be received, and that the paper lie over until our next meeting, and that in the meantime it be printed for distribution among the members. The motion prevailed and it was so ordered.

The next order of business was the reading of papers.

(1) *Report of Some Cases of Resection of the Shoulder and Elbow Joints; a Triumph of Conservative Surgery*, by C. H. Todd, M. D., Owensboro, Ky. Dr. Todd was not present and the paper was passed.

(2) *Fatality in Andersonville Prison. Was it Due to Pellagra?* by W. J. C. Kerr, M. D., Corsicana, Texas. Dr. Kerr read from a magazine an article which he had previously published, on the subject of the peculiar illness of the prisoners at Andersonville, running parallel with symptoms which he claimed characterized pellagra, as we now see it, which, taken in connection with the baleful dietetic conditions in that prison, forced upon the South by the refusal of the Northern government to exchange prisoners, he deduces the conclusion that the Andersonville prisoners, (most of them), died of pellagra.

The paper was highly interesting and was listened to attentively and largely discussed.

The Association then adjourned until 10 o'clock a. m., next day..

SECOND DAY.—MORNING SESSION.

WEDNESDAY, MAY 17, 1911.

The Association met pursuant to adjournment at 10 o'clock a. m.

The President, Dr. Newton, feeling indisposed, request-

ed Vice-President W. F. Beard, M. D., to take the Chair. Dr. Beard thereupon called the meeting to order.

Opening invocation was pronounced by Rev. H. J. Hyde of the Episcopal Church.

Minutes of previous meeting read and approved.

The Secretary and Treasurer referred to his financial report, and requested that an Auditing Committee be appointed to pass upon the same. The Chair appointed as this committee Drs. E. D. Newton and C. J. Edwards.

The report of the Committee on Rosters of the Navy and Army of the Confederate States of America, Dr. S. E. Lewis, Chairman, was presented through the Secretary. The report was as complete as it was possible to make it, with the material at hand and evinced great care and observance of detail. It indicated that in the Confederate army there were as follows: Surgeon General 1; Surgeons, 1,232; Assistant Surgeons, 1,994; total number of medical officers, 3,237, with, perhaps, some later appointments by the Secretary of War.

In the Navy there were: Surgeons, 26; Passed Assistant Surgeons, 13; Assistant Surgeons, 63; Assistant Surgeons for the War, 5; total number of medical officers, 107. The names of all the medical officers of the Navy were embodied in the report.

On motion the report was received, adopted and ordered filed, and the committee discharged.

An official letter addressed to the Secretary, by Dr. S. E. Lewis, Washington, D. C., dealing with the question of the differing percentage of deaths in the Northern and Southern prisons and hospitals respectively, was read. The percentage of deaths in the Northern prisons and hospitals was 12 percent as over against 9 percent in the Southern institutions of the same character. Dr. Lewis says: "Toward the accumulation of facts consideration should be given to the genial climate of the South as contrasted with the rigorous North, the free use of turpentine, free ventilation, etc."

Dr. Roberts dissented from this, deemed it begging the

question and was really not in harmony with the facts, as we had reason to believe, and that other causes entered more largely into the differing conditions than prescribed by Dr. Lewis. Others present united in the same opinion, and accounted for the favorable results in the Southern States, because of greater care, and greater skill in the medical and hospital service.

The Association passed to the reading of papers, etc. An essay: "*Physicians in History, with Special Reference to the South*," by Dr. C. Kendrick, of Kendrick, Miss., was first presented. The paper dealt in a general way with the lack of full appreciation of the value of the medical profession as a whole and mentioned divers examples of many Southern physicians, and surgeons especially, who had not received their just meed of praise and honor. The paper was highly interesting and was referred to *The Southern Practitioner* for publication.

This was followed by an essay: "*Pneumonia in the Confederate Army*," by Dr. T. J. Edwards, Abbeville, La. The paper was concise, clear and pointed, and elicited the close attention of his association. It was referred to *The Southern Practitioner* for publication.

The luncheon hour having arrived the Association adjourned until 2 o'clock p. m.

SECOND DAY.—AFTERNOON SESSION.

The Association was convened at 2:30 p. m., Dr. Beard, Vice-President, calling the Association to order.

The report of the general Finance Committee appointed at the last session, Mobile, Ala., to devise, if possible, some ways and means to raise money to publish the Stout papers, was called for. Dr. Beard, the Chairman, stated that his Committee had accomplished nothing, and really had nothing further to report.

Dr. E. D. Newton, of the Finance Committee, and who, at the Mobile session, had conditionally offered to secure a benefaction of \$5,000.00, through the generosity and philanthropy of a very wealthy party he had in mind, stated that

he had industriously and faithfully endeavored to effect his purpose, but in vain. This led to a general discussion, bearing upon the future of the Association.

Dr. A. A. Lyon, the Secretary, referred to the natural causes progressive age and death that were rapidly disabling and carrying off the men who made the medical and surgical history of the war; but that still a sufficient number yet remained that were physically and otherwise able to maintain the meetings for some years to come, and even yet accomplish, in large measure, the purposes of our organization, but a lack of interest and courage was so manifest as to discourage those of us who stood at our posts and endeavored to do our duty.

Dr. Beard in a measure voiced the speech of Dr. Lyon, and referred to our Junior members as the main dependence for carrying on the work.

Dr. Carroll Kendrick, one of this class of membership, and who, for years, has never missed a meeting, spoke feelingly and vigorously on behalf of the younger members; who, he claimed, should—and whom he hoped would take renewed interest and co-operate with the Seniors in the further prosecution of our ends.

Dr. Stephen F. Ragan, of Kansas City, Mo., also a junior member, spoke strongly and very courageously, promising his best efforts in behalf of the Association, etc.

The Auditing Committee reported favorable on the Financial report of the Treasurer and recommended its approval and adoption. It is as follows:

A. A. LYON, Secretary and Treasurer.

In account with

Association Medical Officers of the Army and Navy of the Confederacy.

1911

DR.

May 17. To registration, at \$1.00 each,

(29) \$29.00

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| Subscription to Ass'n. Expense fund, Drs. S. E. Lewis, W. F. Beard, C. Kendrick, \$5.00 each | 15.00 | |
| Drs. E. D. Newton, \$5.00; W. H. H. Jenkins, \$4.00; S. F. Ragan, \$1.00; G. A. Hogg, \$1.00 | 11.00 | 45.00 |
| | | <hr/> |

CREDIT

| | | |
|--|---------|-------|
| By postage stamps (1 and 2 cent) | \$ 5.50 | |
| 400 envelopes and circular letters | 12.25 | |
| Typewritten copies of Constitution (3) | 1.00 | |
| Expressage of flag and sign to Little Rock | 45 | |
| Salary of Secretary and Treasurer | 50.00 | 69.20 |
| | | <hr/> |
| Balance due..... | | 24.20 |

Report as read was adopted and the Association then adjourned to meet next morning at 9 o'clock.

THIRD DAY.—MORNING SESSION, THURSDAY, MAY 18, 1911.

The Association met at 9 o'clock in order to complete the business of the session, before the parade moved at 10 o'clock, and was called to order by the President, Dr. E. D. Newton.

Minutes of previous meeting were not read.

Election of officers for the ensuing term was immediately entered upon. Nominations were made from the floor and resulted as follows: President, W. F. Beard, M. D., Shelby-

ville, Ky.; First Vice-President, C. Kendrick, M. D., Kendrick, Miss.; Second Vice-President, J. B. Bond, M. D., Little Rock, Ark.; Third Vice-President, C. J. Edwards, Abbeville, La.; Fourth Vice-President, J. D. Croom, M. D., Maxton, N. C.; Secretary and Treasurer, A. A. Lyon, M. D., Nashville, Tenn.

On motion these respective nominees were unanimously elected by acclamation.

Mrs. Kendrick, wife of Dr. Carroll Kendrick, of Kendrick, Miss., a daughter of a Confederate soldier, and who has been a regular attendant on the meetings of the Association for a number of years, was on motion unanimously adopted, elected an honorary member of the Association.

Ben. Gramme, the venerable sexton of the First Presbyterian Church, who had been very attentive and courteous in looking after the comfort of the members of the Association during the meetings, was presented with a watch by Dr. E. D. Newton, the retiring president.

Dr. S. F. Ragan submitted the following:

Be it Resolved, That the thanks of this Association are due and are heartily tendered to the First Presbyterian Church for the use of their chapel hall, so well adapted to our purposes as a place of meeting; to the medical fraternity of Little Rock for their many kindnesses and attentions; and especially to Dr. J. B. Bond (and his wife) for the elegant reception at their home; to Dr. Frank Vinsonhaler, Chairman of the local committee of arrangements, for the admirable preparations made for our conveniences; to the press of Little Rock for their faithful attentions, and publication of our proceedings; to the ladies of the Episcopal Church, who so daintily served our noon-day lunches; to the railroads for reduced rates; and to the people of Little Rock generally for the generous and soulful treatment meted out to us on every hand in this beautiful city.

This resolution was unanimously adopted, and the Association adjourned to meet next at Macon, Ga., in 1912.

A. A. LYON, M. D., Secretary.

Editorial.

CONSOLIDATION OF THE MEDICAL COLLEGES OF NASHVILLE.

Two years ago the Medical Departments of the University of Nashville and the University of Tennessee were consolidated, and during the past few weeks as a result of a conference between Chancellor Kirkland and President Ayers of the University of Tennessee, the Medical Department of the University of Nashville and Tennessee was discontinued and the faculty combined with Vanderbilt. The matter culminated satisfactorily in the selection of the faculty by the Board of Trust as follows:

Dr. W. L. Dudley, Dean and Professor of Chemistry; Dr. L. E. Burch, Secretary and Professor of Gynecology; Drs. J. A. Wither-
spoon and W. H. Witt, Professors of Medicine and Clinical Medicine; .
Drs. Duncan Eve, W. A. Bryan, R. A. Barr, M. C. McGannon and W.
D. Haggard, Professors of Surgery and Clinical Surgery; Drs. George
H. Price and Hilliard Wood, Professors of Eye, Ear, Nose and Throat;
Dr. S. S. Crockett, Professor of Nervous and Mental Diseases; Dr. J.
M. King, Professor of Diseases of the Skin and Electro-Therapeutics;
Drs. J. T. Altman and R. O. Tucker, Professors of Obstetrics; Dr. Mc-
Pheeters Glasgow, Professor of Materia Medica and Therapeutics; Dr.
William Litterer, Professor of Histology, Pathology and Bacteriology;
Drs. S. S. Briggs, A. N. Hollabaugh and Robert Caldwell, Professors
of Anatomy and Surgical Anatomy; Dr. Perry Bromberg, Professor
of Genito-Urinary Surgery; Dr. S. N. Shieb, Professor of Physiologi-
cal Chemistry; Dr. F. B. Hambleton, Professor of Physiology; Dr.
W. E. Hibbett, Professor of Preventive Medicine and Hygiene; Dr. O.
H. Wilson, Professor of Diseases of Children; Drs. W. C. Dixon and
C. E. Brush, Associate Professors of Medicine; Dr. H. M. Tigert, As-
sociate Professor of Gynecology; Dr. A. W. Harris, Associate Professor
of Nervous Diseases; Dr. Larkin Smith, Associate Professor of Pathol-
ogy; Dr. Duncan Eve, Jr., Associate Professor of Surgery; Drs. W.
A. Oughterson and O. N. Bryan, Assistant Professors of Medicine;
Dr. A. S. Dabney, Assistant Professor of Medical Jurisprudence; Dr.
Harrington Marr, Demonstrator of Anatomy; Dr. W. Thompson Briggs,
First Assistant Demonstrator of Anatomy; Dr. R. W. Billington, Lec-
turer on Orthopedic Surgery; Dr. C. F. Anderson, Lecturer on Ven-
ereal Diseases.

A large number of instructors, clinical assistants, laboratory teach-
ers and demonstrators still remain to be appointed.

The University of Nashville and Tennessee retired from the field
of medical teaching to make room for a greater school composed of a
large number of men selected from both faculties.

The Tennessee Hospital on Broadway, which has been conducted in connection with the University of Nashville and Tennessee, has been closed and its furnishings and equipment will be transferred to the new hospital on the old Peabody campus. Lindsley Hall is being remodeled to accommodate one hundred beds and will be opened in the early fall for the reception of patients.

Since Vanderbilt has acquired the campus of the University of Nashville, later occupied by the Peabody Normal College, in South Nashville, extensive improvements have been under way. The central stone building will be utilized as the administration building and for lecture halls. A new heating and lighting plant will be erected, in which some of the laboratories will also be accommodated. The Winthrop Model School building is being added to extensively and will be occupied by the Vanderbilt Dental Department, which will be moved from Vauxhall place. The athletic field, it was ascertained, will be left undisturbed and reserved for the medical and dental students.

The college building at Fifth and Elm, formerly occupied by the Vanderbilt Medical Department, will not be used after the removal of its contents to the campus. The building on the corner of Second Avenue and Elm, formerly occupied by the University of Nashville, will probably be converted into laboratories. The magnificent old campus is perhaps unexcelled for a university settlement, and no professional school in the country can boast of its superior.

The Galloway Memorial Hospital will be erected on a site comprising four acres at the southwest corner of the campus. This will be built in four pavilions or units and when completed will be unsurpassed in the South. The City Hospital will still be utilized for teaching and the facilities and lecture hall, it is said, can serve the combined classes to much better advantage than it has heretofore been able to do when there were two separate colleges.

It was confidently predicted that with the unification of the medical colleges of this city, in addition to the recent gifts of \$300,000, that a very munificent endowment will come to Nashville in the interest of medical education. This was one of the considerations which made the combination of interests essential. While the two schools have in the past accomplished much, the increased educational requirements for medical study, the lengthened courses and the necessity for thorough training to make high-class scientific physicians, render it highly important for the establishment of university ideals and standards and an amplified teaching corps.

Arrangements have been made for the transfer of all accredited students from one university to the other without any friction or interference with their instruction.

Nashville has always been a great medical center. Over ten thou-

sand physicians have been educated here in the past, who are scattered over Tennessee and the Southwest. All loyal alumni of the different colleges have occasion for gratulation in the advanced steps which have been taken in the union of forces, the larger opportunity for scientific and practical betterment and the preservation of the historic medical traditions of Nashville. It is no reflection that with the increased facilities which will be afforded this city for medical instruction that the future will hold opportunities for the making of even a higher type of physicians than was formerly possible. With the acquirement of the Peabody campus, the recent combination of the teaching forces, the erection of new buildings, the completion of the proposed hospitals, the acquisition of additional endowment, the Medical Department of Vanderbilt University will at once take rank with the great Eastern universities. Already the students have made such high averages before the examining boards of the various states that Vanderbilt is ranked in "Class A" in all the published reports. It is estimated that the amalgamation of the colleges will bring several hundred students to this city, which will increase the scholastic population and be an important factor in maintaining Nashville as one of the chief educational cities in the country.

THE CHOLERA SITUATION.

During June, 1911, six cases of cholera were conveyed to Swinburne Island from vessels arriving at the port of New York, as follows: 1 case on June 14 from the steamship *Europa* from Naples, and 5 cases June 20-23 from the steamship *Duca degli Abruzzi* from Genoa, Naples and Madeira. Another case arriving by the last named steamer, after detention for five days under quarantine was allowed to proceed to Brooklyn. Four days later she was taken ill with symptoms of cholera, and was at once removed to the Quarantine Hospital, where she died. Still another case was found at Bellevue Hospital about July 20, which was also removed to the Quarantine Hospital. At this writing (July 25), there has been in all about one dozen cases, including the night-watchman at Swinburne Island, who died from cholera contracted during his work at the quarantine hospital, together with a woman who died at Gallup's Island, the Boston quarantine station, who, in all probability contracted the disease from two sailors whom she had taken into her house who were members of a crew on a steamer recently arrived from an Italian port. These sailors were taken ill and have disappeared, although they have been carefully sought by the Boston Health authorities. The house where the woman lived is in the congested part of Boston, inhabited largely by Italians, has been thoroughly disinfected and every precaution taken to prevent an out-

break in that locality. Several other vessels arriving from Mediterranean ports during July have had on board suspicious cases.

However, Dr. Doty and the health authorities of the city of New York, with whom the Public Health and Marine Hospital Service is actively co-operating, are keeping close watch and ward on all arrivals from infected ports. Furthermore, the following additions to the quarantine regulations are being, and will be strictly and thoroughly enforced:

"To diminish the danger from cholera bacillus carriers, steerage passengers coming from ports or places where cholera prevails and arriving on vessels upon which cholera has appeared, shall be detained 10 days for observation, unless after five days' detention they are found not to be bacillus carriers.

"The same provision shall also apply to other persons arriving on said vessels, who, for special reasons, are deemed liable to be thus infected."

IN NERVOUS EXCITEMENT.—The principal indications for Peacock's Bromides are, of course, Epilepsy, Uterine Congestion, Headache and all Neuroses. Being a safe and certain nerve sedative, it will be found a most valuable aid whenever the mental functions are overtaxed, producing insomnia. Peacock's Bromides does not compel sleep, like hypnotics, but by allaying the existing nervous excitement, whether due to mental strain, worry or anxiety, it promotes sleep in a normal manner. Unlike the effects from hypnotics, the patient awakens refreshed, with a clear head, and does not suffer from unpleasant sequelæ the following day. The overstimulation of the cerebral functions from alcohol yields promptly to the soothing action of this preparation.

THE NERVE STORMS OF WOMEN.—The nervous crisis of women, which detract so much from their usefulness and happiness, owe their origin, in a vast majority of cases, to irregular or suspended functions of the generative organs, and whilst frequently, the correction of the latter will result in the disappearance of the former, in some instances these remote manifestations of ovarian or uterine disorders may be continued over such a long period that they become fixed nervous wrongs and remain even after the abatement of the initial abnormality.

Every physician knows the potent influence irregularity of the female generative organs has on the higher centres and fully realizes the importance of seeking the underlying cause.

By reason of wide deviations from right modes of living, ovarian and uterine disorders are far more frequently met with today than formerly, and physicians are devoting much of their efforts to a clearer understanding of the functions peculiar to women. Judiciously chosen

therapeutic measures will do much to aid in restoring these suffering women to a well ordered life, particularly if dietary and hygienic regimes of a higher plane are instituted.

Inasmuch as it is usually the demand for relief from the mental vagaries of this class of patients that sends them to the physician, it becomes necessary at once to offer relief for this phase of the diseased condition. As a rule the needs are for nerve soothing and soporific agents. For this purpose Neurosine has proven a most efficient combination and is largely used. Just as soon as control over the mental manifestations of the ovarian or uterine disease is attained, treatment, directed against the latter, must be instituted. As a rule, there will be found interference with the menstrual function. To correct this, no more valuable product than Dioiviburnia is at the physician's command. It is a combination of well chosen drugs which have a correcting predilection for ovarian and uterine tissues and in conjunction with Neurosine, will serve to bring the patient back to normal vigor, the one correcting irregularities of the functions peculiar to women, while the other controls the nervous storms which arise as a result of the primary disease.

DANGER DUE TO SUBSTITUTION.—Hardly another of all the preparations in existence offers a wider scope to imposition under the plea of "just as good" than the scientifically standardized Eucalyptol. The most recent fraud practiced in regard to this product is an attempt to profit by the renown of the firm of Sander & Sons. In order to foist upon the unwary a crude oil, that had proven injurious upon application, the firm name of Sander & Sons is illicitly appropriated, the make-up of their goods imitated, and finally the medical reports commenting on the merits of their excellent preparation are made use of to give the desired lustre to the intended deceit. This fraud, which was exposed at an action tried before the Supreme Court of Victoria, at Melbourne, and others reported before in the medical literature, show that every physician should see that his patient gets exactly what he prescribes. No "Just as Good" allowed.

A PROMISING AGENT IN HAY FEVER.—Dr. J. E. Alberts, of The Hague, Holland, undoubtedly performed an important service when he directed the attention of the medical profession to his new combination for the treatment of vasomotor rhinitis. We refer to the combination now known as Anesthone Cream, which has heretofore been briefly noted in these pages, and which contains one part of adrenalin chloride to twenty thousand (1:20,000), and ten per cent. of paramido-ethyl-benzoate, and is marketed in the form of an ointment.

Applied to the mucous membrane of the nares, Anesthone Cream has a persistent anesthetic effect which affords marked relief in hay

fever. As para-amido-ethyl-benzoate is only slightly soluble in aqueous fluids, its anesthetic action is prolonged. It does not have the poisonous effect of cocaine upon the protoplasmic element of cells, nor does it depress the heart. Furthermore, there is no tendency to "habit" and no requirement.

The preparation came into considerable use during the hay-fever season of last year, the consensus of opinion being that it affords a very practical and satisfactory means of relief from symptoms due to hyperesthesia of the nasal mucous membrane, and without ill effects—an important consideration. The fact that the relief continues for several hours in some cases is worth remembering, in view of the fleeting effect of most local anesthetics.

Anesthone Cream is supplied in a collapsible tube with an elongated nozzle to facilitate its application to the nasal mucosa, a portion of the cream about the size of a pea being applied three or four times a day, as may be necessary. It is marketed by Parke, Davis & Co. Whether, as an agent in the treatment of hay fever, it will attain the vogue reached by some other preparations put out by the same company—notably Adrenalin Chloride Solution and Adrenalin Inhalant—which have been before the medical profession for a number of years and thus have the advantage which pertains to priority—remains to be seen. At any rate it is worthy of a fair chance, which, of course, in the long run it is certain to get.

CLINICAL EXPERIENCE IS ALWAYS A DEPENDABLE GUIDE.—Countless physicians the country over have proven to their entire satisfaction that Gray's Glycerine Tonic Comp. fills an indispensable place in the treatment of all diseases in which lessened vitality is a prominent feature. It represents one of the notable advances in modern pharmacy, and many a practitioner has learned to rely upon it as his most valuable aid in increasing functional activity. Gray's Glycerine Tonic Comp. exerts an especially beneficial influence on the gastric and intestinal glands, thus stimulating the appetite, improving digestion and promoting assimilation. In all conditions of mental and physical exhaustion accompanied by malnutrition its effects are speedily manifested by an increase in functional vigor and a general improvement in the health of the whole body. Physicians who are not using Gray's Glycerine Tonic Comp. in their cases of general debility are urged to do so and note what really remarkable results they can obtain.

ARTERIAL HYPERTENSION.—A recent communication from George Butler, M. D., of Chicago, has the following:

"I was greatly interested in reading an article by Dr. W. J. Oughterson on "Arterial Hypertension," in the June number of your

excellent journal. His treatment of this condition is as practical as anything that I have seen. I am surprised, however, that he does not mention as a vasodilator in these cases veratrine.

"This drug, in my opinion, surpasses all vasodilators in cases of chronic interstitial nephritis, and is also a stimulant to excretion. It is not depressing as many physicians believe. When it is given in proper dosage, $\frac{1}{2}$ milligram or 1-134 grain, it is perfectly safe and may be repeated every half hour or so until the pulse is relaxed. It is unnecessary to increase the dose above this. By careful administration the vascular tension may be maintained at almost any desired point for indefinite periods. Its action is uniform and its effect certain. It is a drug I almost invariably use in these conditions and a remedy that deserves more extended use.

"As a general cardiac tonic in these cases strychnine is unsurpassed, as Dr. Oughterson states."

BROMISM.—When Peacock's Bromides are given over a prolonged period, as is often necessary in epilepsy and nervous diseases, its advantages over commercial substitutes are unmistakable. While bromism cannot be absolutely prevented in patients having an idiosyncrasy toward bromides, it has been positively demonstrated that Peacock's Bromides can be given with greater freedom from untoward action, and that frequently the preparation can be employed to continue bromide treatment after the commercial bromides were necessarily discontinued. This severe trial is perhaps the most convincing evidence of its superiority.

DIATRIBES FALLEN FLAT.—The literature on American antipyretics, analgesics and anodynes is voluminous, and clinical reports from prominent medical men in all parts of this country, with society proceedings and editorial references, attest their value in actual practice in an endless variety of diseases and symptomatic affections, such as the neuralgias, rheumatism, typhoid and other fevers, headaches, influenza and particularly in those pains due to irregularities of menstruation. Antikamnia has received more favorable criticisms because of its success than any other remedy known. Some critics have seemed personally aggrieved because of its American source, and that it did not emanate from the usual "color works," but their diatribes have fallen flat as do most persecutions and unreasonable and petty prejudices. The fact stands incontrovertible that antikamnia has proven an excellent and reliable remedy, and when a physician is satisfied with the effects achieved with a remedy he usually holds fast to it. That is the secret of the antikamnia success. The dose is from one to two five-grain tablets. Antikamnia Tablets are to-day in greater use than any other remedy of their kind.

THE AFTER TREATMENT OF CATARRHAL COLDS, ETC.—The various colds, "grippes", and catarrhs, that afflict the respiratory membranes during the winter months, are extremely likely to leave their traces upon the general systemic vitality, in the form of a greater or lesser degree of Anemia. This is especially true of those whose resistance is "below par", i.e., elderly people, young ill-nourished children, and weaklings from whatever cause. The constitutional after-treatment of respiratory disorders, among this class of patients, is usually more honored in the breach than in the observance. There can be no better routine practice than to order Pepto-Managan (Graham's) as a general tonic and reconstituent, especially when Anemia is manifest. This exceedingly pleasant and ferruginous reconstructive is so distinctly palatable as to render it generally acceptable to all patients, and is so entirely free from irritant properties as to insure its ready toleration without causing constipation or disturbance of digestion.

PRUNOIDS.—This elegant product represents a real advance in the therapy of intestinal constipation. No one can use this remedy without being impressed with its prompt effects, convenience of use, and surprising absence of undesirable consequences. The tablets are exceedingly pleasant to take, and will always be found to be a safe and positive eliminating agent in either toxic or non-toxic conditions of the intestines. They do not excessively excite peristalsis and therefore do not produce griping or irritation of the gastro-intestinal mucous membrane. It is certainly a scientific achievement in the successful treatment of constipation, for "after-constipation" will not result from its use, and in the language of Dr. J. P. Hawes, it proves to be a laxative that is pleasant to take, does its work nicely, and QUITS there." An ideal purgative minus cathartic iniquities.

LIPPINCOTT'S MAGAZINE for August comes to us teeming with new things. The complete novel "*The Little Green Door*," by Doris Deakin, is a most captivating, animating, whimsical, wholly delightful story of two very ingenuous girls who fly in the face of convention when fate plays a shabby trick. The number contains thirty-two extra pages in which will be found short stories or very interesting literary miscellany, contributed by Charles Egbert Craddock, Parker Butler, Dr. Luther Halsey Gulick, and a number (20) of other well known writers. A Financial Department has been added, the "Ways of the Hour" and "Walnuts and Wine" are fully up to their former well established interesting matter.

SUMMER CASES.—Conditions peculiar to the season now with us will present themselves for your consideration and a reference to

fact that Antiphlogistine has proven of particular service in Sunburn, Bee Stings, Insect Bites, Sprains, Bruises, etc., will offer you a ready and satisfactory dressing and is procurable in all drug stores.

In those severe cases of Dermatitis following undue exposure to the sun's ray, Antiphlogistine will quickly reduce the inflammation and the accompanying swelling and pain.

In all cases it should be applied thick and hot and well protected by ample covering.

A TRUE HEPATIC STIMULANT.—Chionia is a preparation of Chionanthus Virginica and possesses only the best therapeutic properties of that drug. It has been honored with a great number of testimonials from physicians of all schools, and the consensus of opinion is that it is a most trustworthy hepatic stimulant, when employed persistently in properly selected cases. Physiologically it may be described as a gradual vasomotor stimulant to the bile ducts, and many authorities contend that its use will improve portal circulation and strengthen the lymphatics. Dr. Geo. Covert has aptly referred to it as a "bile persuader," and indeed this describes its action in a nutshell.

THE USEFULNESS OF GOOD HYPOPHOSPHITES in Pulmonary and Strumous affections is generally agreed upon by the Profession.

We commend to the notice of our readers the advertisement on page 15 of this number. "ROBINSON'S HYPHOPHOSPHITES" (this is a new combination and will be found very valuable), is an elegant and uniformly active preparation; the presence of Quinine, Strychnine, Iron, etc., adding highly to the tonic value.

A TISSUE NUTRIENT FOR THE SUMMER.—Oft times during the summer, the physician is put to his very wit's end to find a tissue nutrient for his tubercular and debilitated patients; one that will agree with them during the hottest weather. Cord. Ext. Ol. Morrhuæ Comp. (Hagee) by reason of its palatability and the ease with which it is assimilated, is the ideal agent of this character not alone in the summer, but all other seasons.

WHEN A TONIC IS NEEDED, there is none that will give more certain or uniform satisfaction than Gray's Glycerine Tonic Comp. For seventeen years it has been serving the profession, and the esteem in which it is held to-day bears eloquent witness to its unvarying quality and efficiency.

IN THE GASTRO-INTESTINAL DERANGEMENT of young children, the profession will find *Elixir Maltopepsine*, Tilden's, a most excellent,

curative and palatable prescription. Free samples to the profession upon application to the Tilden Company, either New Lebanon, N. Y. or St. Louis, Mo.

THE SECOND SUMMER.—Experience has shown that during second or "teething summer" weakened stomachs are strengthened, faulty metabolism is corrected, fatigued heart and circulation is supported, and many a tired, worn-out nervous system is restored to proper tone by the systemic and intelligent use of small doses, 20 drops, according to age, of Gray's Glycerine Tonic Comp.

Selections

LOCAL ANESTHESIA WITH QUININE AND UREA HYDROCHLORIDE.—Quinine and urea hydrochloride is prepared by dissolving 79 parts of quinine hydrochloride in 70 parts of 10% hydrochloric acid (sp. gr. 1.05) adding 12 parts of urea and warming until dissolved, filtering and allowing to stand until crystallized. The white crystals so formed have the formula $C^{20}H^{24}N^{20}2Cl$, $CO(NH^2)2HC5N^{20}$ have a melting point of 70-71 deg. soluble in equal weight of water and quite soluble in alcohol.

Quinine and urea hydrochloride has been used extensively for the treatment of malaria in the South, where it was discovered that the site of injection remained anæsthetic for a considerable time. This led to an investigation as to the possible value of the solution as a local anæsthetic and a nontoxic substitute for cocaine.

The double salt was discovered by Kutais in 1879, so far as I can ascertain it had not been used to any great extent as a local anæsthetic until September, 1907, when Dr. Henry Thibault recommended the use of a 1 per cent solution. Hertzler, Brewster and Rogers, Jour., A.M.A., 1909, reported enthusiastically of their experience; F. McCartney, Denver Med. Times, April, 1910, reports 100 cases; W. O. Green, Jour. A. M. A., June, 1910, four cases; and L. J. Hirschman, Cincinnati Lancet-Clinic, July, 1910, 102 cases in which local anæsthesia was produced by the chemical. Aside from the foregoing I have been una-

to find any account in the literature of the use of this local anæsthetic.

The advantage of quinine and urea hydrochloride over other local anæsthetics, and especially cocaine, are: 1st, solubility; 2nd, admits of sterilization; 3d, superior anæsthetic properties; 4th, pronounced hemostatic action; 5th, duration of post-operative anæsthesia; 6th, is non-toxic; 7th, inexpensive.

The solution is administered in precisely the same way as cocaine. The needle is first introduced endermically—not under the skin, but between its layers—until the beveled portion of the needle point is covered. The piston is then pressed with sufficient force to administer a drop of solution. A milk white wheal should instantly appear; if it does not, withdraw the needle and begin again. If successful, push the needle, without withdrawing, a trifle farther, always being careful to stop just before forcing the needle point beyond the limits of the wheal. When the point of the needle nearly reaches the boundary of the patch, press the piston and introduce a trifle more solution, thus enlarging the wheal or forming another overlapping one. By repeating these maneuvers, as much skin as desired may be anæsthetized with no pain except that from the puncture which is slight.

After anæsthetizing the skin insert the needle into the deeper tissues, and inject them. I have followed the above technique in anæsthetizing the abdominal wall on several occasions and have gotten into the abdomen without complaint of pain from the patient. My experience has been limited to the injection of the 1 per cent. solution sterilized, the container being a hermetically sealed glass ampoule holding 5 c.c. I have not used it stronger, as the anæsthesia produced with the 1 per cent. solution has been satisfactory except in eight cases. I have not used the weaker solutions, as I have noticed no delay in primary union, sloughing or other undesirable effects.

I have thus far used quinine and urea hydrochloride as an

anæsthetic in 32 cases, as follows: Case 1, removal of inguinal glands. No. 2, ingrown toe-nails, flesh removed from outer side of great toe. No. 3, growth from fore-arm. No. 4, excision of carbuncle. No. 5, opening of cervical abscess. No. 6, removal thumb. No. 7, excision of scar. No. 8, removal of enlarged cervical glands. No. 9, circumcision. No. 10, external urethrotomy without a guide. No. 11, removal sebaceous cyst of scalp. No. 12, incisions into arm. No. 13, removal of papilloma of face. No. 14, removal fatty tumor of shoulder. No. 15, removal of tumor of chest. No. 16, closure of cleft of lip. No. 17, tenotomy. No. 18, removal angioma of face. No. 19, removal of bullet from fleshy portion of hand. No. 20, section of cervical glands. No. 21, excision of rib. No. 22, removal of exophthalmic goitre. No. 23, ligation of carotid artery. No. 24, removal of epithelioma of lip. No. 25, herniotomy, inguinal. No. 26, gastro-enterostomy. No. 27, intestinal ulcer. No. 28, cholecystotomy. No. 29, plastic operation of face. No. 30, rectal abscess. No. 31, removal of sebaceous cyst. No. 32, epithelioma of tongue. In this series of cases in which anæsthesia was produced by the use of quinine and urea hydrochloride, the amount used varying from 2 to 15 c.c. in each case complete local anæsthesia was effected except in case eight. There was apparently no ill effect following the injection, though the parts remained anæsthetic for almost two weeks in 20 per cent. of the cases. In cases 10, 14, 22, 23, 24, 25, 27, 28, 29 and 32, I administered an hour prior to operation a quarter of a grain of morphine under the skin, either alone or combined with scopolamin or atropin as a preliminary to local anæsthesia. After the use during a number of years of cocaine, ether and ethyl chloride, I am convinced by the above 32 cases that quinine and urea hydrochloride is destined to occupy a prominent position as a local anæsthetic. The great length of time required after the injection of the quinine and urea hydrochloric before the anæsthetic effect is manifest is its principal disadvantage.—*C. M. Nichols, B.S., M.D., in Med. Herald.*

HYDRARGYRUM REDIVIVUS.—The following extract is from a very interesting article in or valued contemporary *The Va. Med. Semi-Monthly*, of July 7, alt., by Dr. H. E. Jones, of Roanoke, Va. We greatly regret that want of space prevents our giving the article in full. After giving *eighteen* specific reasons for the use of this old, old therapeutic agent, he says:

“I have treated successfully three cases of pulmonary tuberculosis with mercury, and one case of tubercular meningitis; in the latter case—a patient aged two years—I gave nineteen injections, eighteen one-fourth grain doses, the nineteenth dose one-eighth grain. I have also successfully treated one case of tetanus.

“In the last three years, I have treated 90 or more cases of typhoid with bichloride and calomel, without a death. In severe cases bichloride was administered hypodermically in doses ranging from one-fourth to one grain, giving from three to eight injections (though not more than two one-grain doses). In the mild cases it was administered by mouth, and ointment—twenty-five per cent. oleate of mercury—to the abdomen. From the beginning of treatment, in about seventy-five per cent. of the cases the temperature reached normal on the 7th, 8th or 9th day; in twenty-five per cent. of the cases the temperature reached normal on the 7th, 8th or 9th day in the forenoon, running with an evening temperature not higher than 100 degrees until the 12th day. Convalescence was rapid with complete recovery. I have treated successfully about forty cases of the summer intestinal diseases of children (cholera infantum, ileo-colitis, dysentery, etc.), with no death, as well as some twelve or fifteen cases of dysentery in adults. I have treated all infectious and contagious diseases of childhood and of adults for two years or more with mercury as a specific agent, with uniform success when the cases were secured in the first and middle stages of the disease.

“I report two illustrative cases of typhoid to show the ap-

parent specific action of mercury in the treatment of disease.

"August 3rd, 1908, I was called to see Mrs. H., age 26 son, age 5 years, both ill and occupying the same bed. On my first visit they had been confined to the bed four days. Both patients had all of the classical clinical symptoms of the disease, mother's temperature 104 degrees, son's temperature 105 degrees. Specific treatment was commenced August 3rd. In seven days, the 10th, the temperature of both had dropped to normal and remained normal from that time. Convalescence was rapid and no complications.

"Dr. S. J. Gill believes that calomel in 10, 20 or 30 grain doses given every other night, is a specific for typhoid fever. In fifteen years he has treated 150 cases, with one death, surely a low death rate. Dr. S. I. Conduff, Hollins, Va. believes 40 grain doses of calomel (four ten grain capsules given every hour until all are taken), is a specific in pneumonia—when the drug is given in the first 12 to 48 hours. He says you will accomplish with it in twelve to thirty hours what you would accomplish with the old line of treatment (if patient lived), in from 7 to 10 days. There is no salivation with these doses—the effect is germicidal, cathartic and sedative. Dr. G. W. Drake, of Hollins, Va. believes mercury is a systemic germicide and has specific effects in a number of germ diseases. In a yellow fever epidemic he used calomel with success, giving it in 60 grain doses. Dr. Henry Alfred Robbins, of Washington, D. C. uses mercury and the iodides in germ diseases other than syphilis. Dr. Illingsworth, of Cincinnati, believes iodine and mercury is a specific in infectious and contagious diseases. Dr. N. B. Shade treated tuberculosis with mercury and advocated its use for that disease 15 years ago. "He suffered the fate of an innovator and brought his ideas forward too soon." Dr. B. L. Wright, Las Animas, Colo. believes mercury as a specific in tuberculosis, from his recent reports, with wonderful success. Dr. Jemma used bichloride in typhoid, rheumatism, erysipelas, and tuberculosis.

Poncell used it with success in cancerous tumors. Dr. Luss used it with success in the treatment of sarcomata, carcinomata, pneumonia, and tuberculosis. Dr. Celli used it with success in tetanus. Dr. Rennert and Graham used bichloride in diphtheria. Dr. Loranchet used it successfully in typhoid fever—21 cases, no deaths—says it controls toxic and all severe symptoms. Dr. Leslie L. Schwab, of Roanoke, treated 19 cases of typhoid, 1909-1910, no deaths—fever lasted in over half of the cases not longer than 7 to 9 days, others from 9 to 12—used treatment recommended in this and former papers. Dr. Thomas H. Manley uses it in tubercular glands. Drs. Daily, Short, and L. B. Godfrey use mercury in the treatment of diphtheria. Dr. J. C. Burks, of Roanoke, Va., has successfully treated 25 cases of typhoid with mercury (in 6 cases used bichloride and 19 cases used iodide of mercury—results same as I have reported in this and former papers)."

THE SURGICAL ASPECTS OF PAINFUL INDIGESTION.—Dr. G. W. Crile, Cleveland, in a paper read at the Ohio State Medical Association in May, last, brought out the following points: I have come to depend on certain phenomena and certain methods for the diagnosis. One of the most potent causes for confusion is the fact that whatever the disturbance of the body—whether the beginning of an acute infection, a physical injury of any part, a nervous strain, worry or fear, appendicitis, salpingitis, gall-stones, brain tumors—indeed, almost any disturbance of the body, it is at once reflected on the stomach as nausea, vomiting, anorexia, indigestion, etc. In the differential diagnosis of chronic appendicitis, one must consider ureteral calculi, neurasthenia, gall-stone, diverticulitis, and gastric and duodenal ulcers. Given a case of chronic painful indigestion, while the temperature and pulse may be normal, there is usually constipation, and an impairment of the general health. If in addition to the routine symptoms, there is a history of night attacks of pain at irregular intervals, gall-

stones must be considered. If there is no hyperacidity the pain is referred rather to the chest and back, and there is a tender point between the tenth and eleventh ribs in the back, and pressure under the costal border when relaxed. If a warm bath produces local tenderness and referred pain, and if the kidney is negative to x-ray, a diagnosis of gall-stones or chronic cholecystitis may be made.

If the pains are distributed over the whole abdomen, constipation quite marked, frequently a single darting pain in the ureters are negative for stone, and there is local tenderness where there is pressure on the appendicular region and production of referred pain identical with that complained of; and if one makes deep palpation over the appendix at intervals of about four hours and there is a increasing tenderness, one may diagnose appendicitis. The latter method will often unmask a chronic appendicitis in ambush. Treating the left iliac fossa in precisely the same manner as a control, if there is chronic appendicitis a definite and high degree of tenderness in the right iliac fossa will usually develop after several vigorous examinations, while the left remains negative. The importance of this method cannot be overestimated. In chronic appendicitis there may be a certain amount of hyperacidity, especially if there is associated nervous strain. Gastric ulcer usually frankly announces itself, as by immediate distress on taking food, hyperacidity, free blood and, of course, hematemesis.

It is duodenal ulcer that gives the greatest interest. The frequency of this lesion has only recently been appreciated. There is no lesion that can with such confidence be diagnosed on the clinical history alone. There will be rhythmic periods of daily pain at certain intervals after meals. When the stomach is well emptied this burning, stinging or burning pain appears, with scalding eructations and much gurgling of gas in the intestines. It wears away after an hour or two, but is almost immediately relieved by food. Lying on the left side sometimes gives relief. There is no vomiting unless obstruction has developed. A test meal shows digestion to be good, food passing out of the stomach

promptly, but the acidity is high. Local tenderness appears when the ulcer has penetrated the wall. The fact that there is pain in the region of the appendix, of the gall-bladder, of gastric and duodenal ulcer and no pain in lesions of the mucous membranes of the intestines is explained on the law of phylogenetic association. Pain is associated with the excitation of nociceptors, and these may take precedence over and dispossess the routine functions, such as peristalsis, secretion and absorption and their occupancy of their respective nervous mechanisms, just as fear does. This hypothesis readily explains the extraordinary improvement in the digestive functions and the general health following the removal of an appendix so slightly altered physically that only the clinical results in many cases could persuade one that this change could be an adequate cause for such far-reaching and important symptoms. It would also explain certain gall-bladder phenomena—indigestion, loss of weight, disturbed functions, etc.—*Journal A. M. A.*, June 10, 1911.

THE PRESENT STATUS OF SIX HUNDRED AND SIX OR SALVARSAN.—"Six Huundred and six" has now been before the world for nearly a year, and a pretty conclusive judgment as to its powers and limitations is now justified.

Briefly speaking, it is the most powerful symptomatic antisyphilitic remedy in our possession. It will clear away mucous patches, it will heal ulcerations, it will make chancres disappear quicker than the mercurials or the iodides are capable of doing. It has not displaced, and it will not displace the two old specifics, but it is an additional powerful weapon in our hands, and syphilis is now a much more manageable disease than it was before Ehrlich's discovery. In each and every case in which we have used it, the results have been good; in a few cases the results have been brilliant, marvelous; in only very few, have they been slow or doubtful. In recent cases we would advise the immediate use of the drug, but we would use it in conjunction

with mercury. But we must bear this in mind: just as there are cases in which mercury seem to exert very little effect but which respond very rapidly to 606, so there are cases of just the contrary character: cases in which 606 seems to be of no value, but which improve quickly under mercury.

The best, most thorough, most painstaking and most unbiased review of the present status of the treatment of syphilis with 606 is that by Prof. E. Tomaszewski of Berlin, a translation of which appeared in the March issue of *The American Journal of Urology*.

We append here the conclusions arrived at by Prof. Tomaszewski. They are as follows:

1. A single intramuscular or subcutaneous injection, possibly a repeated intravenous injection, certainly a combined intravenous and intramuscular injection of a sufficient amount (0.5 to 0.6 gm.) of salvarsan produces marked symptomatic effects in cases of *malignant syphilis*, often effects of very long duration, and not infrequently saves life in these cases.

2. Salvarsan treatment attains the value of an energetic mercurial course (calomel injections) in all other types of syphilis, with relatively rare exceptions.

3. It is possible that a permanent cure, a *therapia magisterialis* may be effected early in the primary stage, but undoubtedly most of these cases remain clinically and serologically free from symptoms for a long period.

4. In cases of syphilis in any stage in which mercury was not tolerated, or very badly borne, or in which no recurrences appeared in spite of repeated courses of mercury, salvarsan almost invariably produced excellent results—if not permanent cures, at least cures lasting a long time.

5. Salvarsan produces certain local more or less severe tissue changes in all cases except when used intravenously, and it gives rise to a series of untoward general effects, no matter what mode of administration be used. These untoward effects vary greatly in character and intensity in different individuals. Untoward effects of serious nature

have thus far been noted in a very small proportion of cases after a single injection, and in some of these cases they were referable to faulty technique or some other preventable causes.

6. We must continue to employ the chronic intermittent treatment of syphilis and must maintain as before the necessity for a complete course of treatment in deciding such questions as transmissibility, consent to marriage, etc., in every case.

7. All our experiences thus far (indications, contraindication, etc.), are essentially based upon single salvarsan injections, and we as yet know practically nothing of the action and untoward effects of a chronic intermittent salvarsan treatment.

8. Neither an injection nor an infusion of salvarsan excludes a simultaneous or subsequent course of treatment with mercury and iodides, but, on the contrary, the special therapeutic effects of these three remedies may be happily combined.—*Editorial in Critic and Guide.*

DIAGNOSIS OF CHRONIC APPENDICITIS.—Samuel Floersheim, New York, says that the symptoms of chronic appendicitis may be insidious in their onset, while in a few patients sudden, sharp attacks simulating acute biliary or nephritic colic, gastric ulcer or beginning inguinal hernia, have been observed.

The pain is usually of dull character referred to the seat of the disease according to the position of the appendix and the part involved. The pain may be referred, at first, to any portion of the abdomen, lower thorax or to the back on the right side on a level with the second or third lumbar vertebra. Nausea is usually of reflex origin and is present in the greater majority of the cases seen. Vomiting is less frequent and when present, is not severe. Diarrhoea is seldom present; while in a number of cases, constipation is more or less annoying and bears no relation to the gravity

of the disease; the constipation in quite a few of the dating from early childhood.

A feeling of lassitude, or of not being well is frequently observed; eructation of gas, especially in the neurotic, is often noted. The patients are usually well-nourished, the facies showing no sign of illness. Icterus has been observed in a few cases, believed by Hollander to denote a beginning of advanced necrosis of the appendix.

The right rectus muscle may or may not be tense during the quiescent stage, becoming rigid in proportion to the severity of the pain and the peritoneal involvement. The sign may also be lacking even during the height of the current attack. The thickened appendix may be palpable and even outlined in thin subjects. Gaseous distention of the ascending colon, more or less severe, is a noteworthy sign.

Elevation of temperature and acceleration of pulse are not frequently noted except in those cases accompanied by peritoneal involvement, sudden attacks of acute enteritis, acute constipation, gastritis, bronchitis or other acute complications.

In uncomplicated cases, the blood was negative; in complicated ones, its value was great.

Bimanual examination often elicits many additional points of information in the diagnosis of chronic appendicitis from other lower abdominal and pelvic inflammations.

The diseases must be differentiated from neuralgia of the skin covering the right iliac region (neuralgia of the tenth and twelfth intercostal nerves), myalgias of the abdominal muscles in that region, inflammation, malignant elongations and habitual torsion of the cecum, abdominal angina, intussusception and malignancy of the ileum, the ileocecal valve, aneurysm of the right common iliac artery, internal hemorrhoids, beginning right inguinal hernia, pyelitis of the right kidney, prolapse of a small right kidney, cholecystitis, cholelithiasis, pylorospasm in a marked case, prolapsed stomach, urinary cystitis, beginning typhoid

fever with a history of one or more previous attacks of appendicitis, psoas abscess on the right side, deep right inguinal adenitis; in women, ovaritis, salpingitis and inflammations and abscess formations of the uterus and adnexa on the right side. The possibility of appendicitis on the left side must be kept in mind, as also rare conditions, diverticula of the appendix, and intestines; and one must ever be on the alert to recognize the hysterical and neurasthenic patients with their multitude of complaints and exactness of description.—*American Medicine*, May, 1911.

SULPHUR AS AN INTESTINAL ANTISEPTIC.—Wild (Proc. Royal Soc. Med) describes the past and present pharmacology of sulphur and its compounds. Sulphur is unaffected by pure water, but in presence of decomposing organic matter it readily gives off sulphuretted hydrogen, which acts as a local and intestinal antiseptic. The use of sulphur, in the form of the old fashioned "brimstone-and-treacle," is thus of value in the forms of pustular acne, furunculosis, urticaria, etc., known as "spring rashes." The action of sulphur is purgative; small doses are equally effective, showing that its action is due to the antiseptics produced by the H_2S evolved. Experiments in vitro with sulphur in presence of certain organic substances, such as beef, milk etc., gave the following results: milk, beef, or sulphur alone with water gave no H_2S . Beef or milk with sulphur and water gave H_2S ; the beef remained undecomposed, while the sulphur gradually disappeared and had to be replaced. The sulphuretted hydrogen apparently prevented growth of putrefactive organisms but did not destroy them, and the sulphur was gradually used up in forming H_2S , the action of which is antiseptic and not disinfectant. Experiments with digestive ferments pointed to the conclusion that in presence of acid no H_2S is formed, and alkali alone is not sufficient to produce it, but that an alkaline reaction distinctly favours its production when albuminous materials are present. Metallic sulphides are less useful as

intestinal antiseptics than sulphur itself; if the stomach is too acid they are decomposed rapidly, eructations of H_2S occur, and probably none of the sulphur reaches the intestine. Calcium sulphide (calx sulphurata) is frequently benefited in suppurative conditions in doses of one grain three times daily, but two precautions are necessary—it must be freshly prepared, and it must be given in capsules or coated so as to avoid decomposition in the stomach. The action of sulphuretted mineral waters is probably largely due to intestinal antiseptics. He says the superior purgative action of magnesium and sodium sulphates by the fact that the sulphate is decomposed and partly reduced to sulphuretted hydrogen. The dietetic value of certain cruciferous vegetables is due to intestinal antiseptics produced by their sulphur content. The objections to the use of sulphur are its tendency to produce depression, both of the circulation and of the nervous system, and the offensive character it imparts to the stools and to the breath. As to its method of administration, the Pharmacopœia preparations (effluvia, lozenges, compound liquorice powder, etc.,) answer all requirement.—*Charlotte Med. Journal*.

PANAMA AN OBJECT LESSON TO CIVILIZATION.—The report of the Department of Sanitation of the Isthmian Canal Commission for the month of March, just issued, indicates that the Canal Zone, formerly swept by disease and pestilence but now policed by Colonel Gorgas and his sanitary inspectors, is as safe a place as any on earth for a white man or woman to live. During the month of March, there were only forty-three deaths from all causes among 47,935 employees. Sixteen of these deaths were from violence, twenty-seven were from disease. Of these victims twenty-three were colored and four were Italian or Spanish. Only a single white American man died of disease. Still more striking are the figures for white employees and their families from the United States. In this class, there are now present, 10,299 persons in the Canal Zone. Out of

number, equivalent to the entire population of an average American city, there were only ten deaths. Of these, three white employees from the United States, out of a total number of 6,017, died as the result of accident; none died as the result of disease. Out of 4,282 white women and children from the United States, there were only seven deaths. An analysis of the causes of these deaths is especially instructive. One woman, aged 81, died of chronic nephritis. One infant lived only two and a half hours, as the result of premature birth; three women, aged 22, 27 and 41, died as the result of complications due to pregnancy. All of these deaths can be regarded as, in a measure, unavoidable. Only two cases of death of white Americans from preventable disease remain; one woman, aged 32, and one child, aged three years, both of whom died of pneumonia. And this out of a total number of white women and children of over 4,000 and a total number of white Americans of over 10,000. Has any such record in the elimination of disease ever before been established or even dreamed of? The present population of the Canal Zone, is, it is true, composed of young, vigorous and carefully selected persons, and some allowance must be made of this fact. Yet as good results can be secured in any community in the United States, if the intelligent, painstaking, scientific methods followed by Colonel Gorgas and his subordinates are only adopted. If the Panama Canal should serve no other purpose than that of an object-lesson in sanitation, it will be worth to the United States and the civilized world far more than its total cost. The world has been shown that preventable disease is the result of ignorance and indifference and that in view of our present knowledge of the causes and methods of prevention of disease its continued existence is discreditable to modern civilization.—*Journal A. M. A. June 10, 1911.*

THE WASSERMANN REACTION.—Collins and Sachs go so far as to claim that antisyphilitic treatment should be instituted in most cases of cardiac and vascular diseases be-

cause of the high percentage of positive reaction in these patients. In this connection it may be mentioned that Donath found 85 per cent. of positive reactions in 27 cases of aortic disease, valvular and vascular.

It is a curious fact, noted by several observers, that in many obscure infections negative results are obtained until after a brief course of mercury, just as in certain chronic types of malaria a few doses of quinine will start up paroxysms, a fact which has been noted by Jacobi and Goodman of New York, Solis Cohen, of Philadelphia, and Jacobson of Brooklyn.

As would be expected, the Wassermann has given positive results in nearly every case of general paralysis of the insane. Smith and Candler have noted it in fifty-nine out of sixty-four cases.

Tabes does not give as many positive reactions as does general paralysis.

Unless a mother has been actively treated for syphilis before the birth of her child, the latter is apt to give a positive reaction, particularly in mild cases. (Baron and Daunay).

A word as regards the use of the test as a therapeutic guide. The disease may be regarded as active so long as during thorough treatment the reactions remain positive. If they continue negative for a considerable time the disease may be regarded, tentatively, as inactive or cured. Negative reactions may, of course, indicate only temporary abeyance.

The above notes are brought together by The Medical Review of Reviews. It is conceded by all those who are deeply interested in the treatment of syphilis in Indianapolis that the Wassermann reaction is a great help in the progress of the cure by the use of Salvarsan supported by mercury. In only a few cases comparatively is it necessary to use the serum reaction for diagnosis. In nearly all cases the diagnosis is made on the clinical history, the lesions present, the finding of the spirochete by dark field illumina-

nation, and the therapeutic test by mercury and potassium iodide used separately or combined.—*Indianapolis Med. Jour.*

THAT QUININE IS A PROPHYLACTIC in malaria admits of no question, but to have it practically demonstrated every day right in the Canal Zone makes assurance doubly sure. According to Passed Assistant Surgeon Stuart, stationed at Camp Elliott (Proceedings Canal Zone Medical Association), "the systematic daily use of quinine by patients having one or more attacks of malaria has unquestionably reduced both the number of recurrences and the severity of the attacks." The experience of all observers coincides with Stuart's, that patients taking prophylactic doses of quinine respond more readily to curative doses, the paroxysms being milder than among patients that had not taken the drug. The administration of quinine in a single large dose late in the afternoon is most effective because it is then present in its greatest concentration at night, when one is most liable to infection. It was demonstrated, however, that the alkaloid must be administered in a daily dose of ten grains in solution, as pills and tablets had been found unreliable. Of course, the drug would have been unnecessary if mosquitoes and their larvæ could have been utterly destroyed. Small fresh-water collections that bordered on a large salt marsh gave the anopheles a chance to propagate, with the result that malaria became frequent. Hence the prophylactic doses of quinine in connection with the other means of malaria prevention, were imperatively demanded. Stuart proves his conclusions in admirably prepared charts, giving his observations.—*Cin. Lancet.Clinic*, June 17, 1911.

CITRATE OF SODA IN THE VOMITING OF INFANTS.—Variot advocates the use of the citrate of soda, and not only for modifying milk so as to render it more digestible, but also for preventing vomiting in all sorts of infantile troubles.

It has the effect of quieting the muscular peristalsis of stomach. It makes no difference whether the child vomits from too much or too little milk, or because the milk does not appear to agree with him. The drug has an almost immediate effect for good, which is astonishing to the mother. It prevents infantile scurvy also. The author gives the statements as a result of personal observations made by him in his hospital service. He uses a solution containing in each tablespoonful 25 centigrams of the drug. It has been found to be perfectly harmless even when given for a considerable period and in large doses. One need not fear that the salts of lime will be precipitated in any considerable quantity by its use.—*Revue de Therapeutique Medico Chirurgicale.*

THE PROGNOSIS OF LOBAR PNEUMONIA.—Thomas Reilly, New York, groups together the important symptoms of pneumonia with regard to age and condition of internal organs. The character of the sputum in pneumonia and the virulence of the pneumococcus are of great importance in prognosis. This includes family history and condition of the heart and kidneys. The general mortality in hospitals is 22 per cent.; in private practice it is 8 to 10 per cent. Uncomplicated pneumonia under the age of five years, not involving more than one lobe, will recover. Children under six months give a mortality of 30 per cent. In persons over sixty years the prognosis is bad. Mortality is low when the temperature is under 103 degrees; it is highest when the temperature is over 106 degrees. With pulse over 130 in a child the prognosis is bad. Fatal complications are pericarditis, meningitis, and endocarditis. Bronchitis is unfavorable. Death in the elderly from heart failure is associated with an unfavorable condition of other internal organs. Delirium or stupor is an unfavorable sign; change in frequency of pulse, sudden rise or fall of temperature, apathy, and somnolence, are bad signs. A patient who has recovered from pneumonia is recovered from it if

water is clean; pus in the bronchi is unfavorable. Nephritis, cirrhosis of the liver, valvular heart disease, and diabetes are all unfavorable. Pneumonia in the course of an infectious disease is liable to be fatal. The commonest complication is pleurisy with effusion; when not extensive, prognosis is not affected. Abundant rusty sputum is favorable, but green sputum is not so. Leucocytosis is high and this is not a bad omen, as it represents the reaction of the organism against the disease. The cause of death is often central in the form of a toxemia. The character of the pulmonic second sound is important; its weakness means heart failure; feeble pulse and gallop rhythm are bad signs.—*Medical Record*, May 20, 111..

DRUGS IN GASTRIC THERAPEUTICS.—J. W. Weinstein, New York, notes the effect of alkalies before meals in the causation of increased secretion of the gastric glands. If given at the height of digestion they neutralize acidity. They are of great service in hyperacidity, hypersecretion, and gastric and duodenal ulcer. The best alkali is magnesium oxide, which is much more powerful as an antacid than bicarbonate of sodium, and is a laxative at the same time. A reaction occurs after neutralization by alkalies, and in forty-five minutes acidity is again increased. Hydrochloric acid activates the pepsinogen of the stomach. It cannot be given in sufficient quantity medicinally to have this effect, but is an important stomachic, stimulating the appetite. Pepsin is always present in the stomach when acid is present. It should never be prescribed except with an acid, and the author considers it of little value therapeutically. Pancreatine has a very limited use. It is destroyed in the stomach, and can act only in an alkaline medium. Bismuth subnitrate is a very valuable drug in duodenal and gastric ulcer, coating over the sensitive ulcers and regulating the bowels. It should be given in large doses in a tumbler of water, on an empty stomach. Cerium

oxalate is of great value to stop vomiting. The malt preparations have no digestive value, but are palatable beverages. Combinations of enzymes are valueless.—*Medical Record*, April 29, 1911.

BLOOD AND BILE TESTS IN URINE.—Florence has recently devised and recommended a new reagent for testing both bile and blood in urine. The solution keeps well, and is made up as follows: Pyridine, 50; alcohol, 50; chloroform, 50; and zinc acetate, 7.5 parts by weight.

When used, two or three cub. cm. of the urine and twice as much of the reagent are mixed up together in a test-tube. On standing the lower layer will be colored in the absence of bile pigments or blood. If urobilinogen is present it will show a fine green fluorescence. If bilirubin is present it is green at first, and also slowly develops a fluorescence. Blood pigment gives it a tint varying from pink to cherry red. The intensity of the color is, broad speaking, quantitative. The solutions give very clear spectroscopic bands.—*The Hospital*.

CLEANING MACHINERY WOUNDS.—In removing paint, dirt and grease incident to machinery accidents spirits of turpentine makes one of the best cleansing and antiseptic agents for removing grease and oils that are ground in as to be almost impervious to soap and water. There has recently come into vogue the application of a diluted tincture of iodine to just such injuries as above alluded to, with results as good in many instances as the old plan of scrubbing with green soap, manipulating the parts and trying to get rid of materials that are practically ingrained into the tissues. In fact, the extensive scrubbing of very painful and lacerated wounds and injuries is giving way to less heroic washing and brushing at first-aid treatment.—*L. Sexton, in The Virginia Medical Semi-Monthly*.

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Original Communications.

THE VALUE OF THE CYSTOSCOPE.*

BY RICHARD BARR, M.D., OF NASHVILLE, TENN.

Anything like accurate and scientific work in diagnosis of surgical diseases of the urinary tract proximal to the cut-off muscle is impossible without the use of some form of illuminated endoscopic tube. It cannot be denied that much satisfactory work has been done in the past and much is still being done without the use of the endoscope, but it is done in many instances in the absence of information that could readily be obtained, and which would, if obtained, add much to the surgeon's feeling of certainty as

*Read at regular meeting of the Nashville Academy of Medicine, Tuesday, Aug. 15, 1911.

to the correctness of his diagnosis and of his treatment if it did nothing more. But it does more than this. There are cases in which it is the endoscope alone that will show the correct surgical procedure that is indicated, or will show that surgery is contraindicated, all other evidence that can be adduced pointing in the opposite direction.

If the successful use of the endoscope will add to the definiteness of the diagnosis and of the surgical indications in a large per cent. of cases of surgical disease of the urinary tract, and will at times throw light upon a case as a way to prevent disaster to both patient and surgeon, it requires no argument to establish the necessity for the surgeon using it or having it used in all cases of this kind in which it is possible to do so, provided there is no risk attached. To be sure there are at times insuperable obstacles to the introduction of the endoscope. This is oftenest due to the age of the patient, girls under ten or twelve, and boys under fourteen. Again, there are cases in which it cannot be used without a general anesthetic, and the information that can be acquired is not of such value as to offset the risk of the anesthesia. Irritability of the urinary bladder, free hemorrhage, lack of experience on the part of the examiner, and other conditions may make the examination more or less unsatisfactory, even though the instrument can be readily introduced into the bladder.

Far be it from me to claim that the cystoscope can always be used and used with satisfactory results. It usually can be, however, and the danger to the patient from its intelligent use is almost negligible, as is also the danger from ureteral catheterization.

There are many cystoscopes, each having its advantages. However, we will not discuss them here. Every surgeon who does bladder, ureteral and kidney work, and who is not situated so he can have his cystoscopic work done by some one else, should familiarize himself with some sort of instrument, and make careful, conscientious effort to use

it before undertaking urinary surgery of a major kind. My own rule is to make not one, but repeated efforts *under local anesthesia* before giving up the task, unless it is apparent from the start that a general anesthetic will be required. I very seldom use a general anesthetic, mainly because it is not required; and I cannot recall a case within the last four years in which I have used it. When a general anesthetic is demanded, I weigh carefully its risk against the value of the information that may be obtained. The anesthesia may have to be somewhat prolonged—approaching the danger point, and even then the cystoscopic work may be a complete failure. A single successful cystoscopy is not always satisfactory. Repeated successful examinations may be required to fully secure the desired information. All these things must be taken into consideration before a general anesthetic is given.

The statement I wish to particularly emphasize is the first one made. For intelligent, accurate, diagnosis and determination of surgical indications in diseases of the prostate, bladder, ureters and kidneys, the cystoscope is essential. It is not always possible to use it successfully, but the surgeon who proceeds without patient effort on his own part or that of some one else, is either careless or is not abreast of the times in his knowledge of the value of this instrument. To my mind, the use of the cystoscope is as essential in urinary diseases as in ordinary bimanual palpation in the so-called female troubles. All disorders of the pelvic genitalia of the female are manifested by much the same line of symptoms, and careful digital investigation will make the differentiation if it can be made at all. Urinary troubles less often show palpable change in the viscera, and we must rely on other diagnostic methods. The same train of subjective symptoms may develop from disease of the bladder, ureter or kidney, and the urinary findings will often fail to aid us in localizing the trouble properly. Pus, blood, tubercle bacilli, etc., are in the urine all right, but

what organ or organs are involved? Often and often subjective symptoms and ordinary physical examination will point to the wrong organ or fail to give any idea of the extent of the disease. There is no possible way in many instances to get accurate information without looking into the bladder and catheterizing the ureters.

It would be a tedious recital to name the various conditions in which the cystoscope is of assistance. There are just a few points I wish to emphasize. Do not overlook or underestimate the value of the cystoscope for the purpose of treatment, and particularly treatment of the pelvis of the kidney by means of injections. This work formerly appeared to me to be ultra scientific, but I am now convinced that it has a real value and will often give prompt results.

In prostatic enlargement the information I have been able to garner through the cystoscope with regard to the prostate itself has been of little value. The instrument I am most familiar with is useless for the purpose as it has no attachment for looking backwards, so to speak. In this trouble its usefulness to me is in showing the condition of the bladder and kidneys—as to the latter, by getting the urine uncontaminated by bladder secretions. The use of the stylet catheter, or of silver salts injected into pelvis and ureters, in connection with radio-graphic work for calculus is invaluable. With stereoscopic radiographs and an outline of the pelvis and ureter, the element of error in positive radio-graphic findings is largely, in the radio-graph, eliminated. Not only will the relation of the shadow to the urinary tract, be shown, but if within the tract, the exact location will be determined.

Pyelography is also useful in showing up Hydronephrosis. The Mayos emphasize a type of Hydronephrosis that they claim is due to abnormal renal arteries causing a knot at the beginning of the ureter. This is often diagnosed as appendicitis. Pyelography is most useful in differentiation. Again, it is useful in showing the relation of the kidney

to many tumors where kidney growths are to be considered in the differential diagnosis.

Most important of all is the function of the cystoscope and ureteral catheter in enabling us to determine the functioning capacity of the kidney that is to be left behind when Nephrectomy is contemplated. Whether this is done by cyroscopy, by Albarran's polyuria test, by chromoureteroscopy, by phenolsulphonaphthalein, by the phloridzin test, by determination of urea, or by just taking the specific gravity and examining for pus, blood, albumen, casts, etc., always the ureteral catheter must collect the urine, or through the cystoscope the ureteral opening must be under observation.

Kidney explorations are no longer justified as they once were. We have a means of diagnosis which if used with care will show us definitely whether or not disease is present in the organ. The uses of the cystoscope that I have just emphasized are some that I have not properly taken advantage of myself. My own work has been limited largely to finding the source of pus, blood, and tubercle bacilli, and placing catheters in the ureters in doing pan-hysterectomy. While my work has not been extensive, I have more than once completely reversed the opinion I entertained before making the investigation, and have saved myself from serious error. Among these I may mention two cases of bilateral renal tuberculosis with unilateral symptoms; one case of right renal tuberculosis with all subjective symptoms on the left side; one case of left renal tuberculosis with a large, tender, palpable kidney on right side, left kidney not palpable and not tender. In connection with urinary tuberculosis remember that it is almost invariably primarily renal, and usually unilateral. Tubercular cystitis is secondary and will often get well spontaneously after removal of the diseased kidney. Ureteral catheterization is very necessary here. The bladder may be tubercular around the opening of the ureter of a healthy kidney.

I must confess that I have committed errors more

than once through incomplete or incompetent work. In one case I operated uselessly because I contented myself with a single radio-graph and with catheterization of the ureter on the side upon which the patient complained of pain and soreness, and on which the radio-graph apparently showed a stone. The urinary findings indicated operation. Later, catheterization of the opposite kidney showed the same abnormal constituents in the urine, and had it been done before the operation would have led me to be more careful and complete in my investigation. In one case I removed the only kidney a negro had, because I failed to determine the absence of the other by use of the cystoscope. In still another case I hurriedly catheterized what I considered to be a dilated ureter. It was really an opening into a pus cavity behind the bladder, possibly an appendiceal abscess that had ruptured into the bladder. This mistake led to a useless and well nigh fatal nephrotomy. More careful use of the cystoscope would in all probability have shown me the normal ureter opening on that side. In this connection let me ask you not to notify your cystoscopist that you will be out at a certain hour with a patient to be examined with the cystoscope, and then expect him to make a satisfactory examination while you stand restlessly around with your watch in hand looking at it every few minutes. The cystoscope *demands* deliberation, tactfulness, gentleness, persistence and patience, beside other qualities; and a restless bystander is entirely out of place. These examinations seldom have to be made hurriedly. It is far best to give ample time to the investigation. The patient should be at a hospital if possible, and the examiner should have ample time for his purpose. I never like to sandwich cystoscopic work into a busy day.

In conclusion, I want to say that my own mistakes that could have been avoided by more thorough, careful work; and the great amount of accurate and scientific information about renal function and disease that is being acquired by others through the use of the cystoscope has led me to

place this subject before you and to urge you to join me in a determination to do a better part in the future with patients with urinary disorders.

LEUKEMIA.*

BY M. DAVIS, M.D., OF NASHVILLE, TENN.

Leukemia is a disease of the bloodmaking tissues, bone marrow, spleen and lymph glands in which there is a hyperplasia of leukocytes; hence, the name Leukemia.

Virchow and Bennett discovered the disease in 1841. Ehrlich defined two forms in 1883 which he called Myeloid, if the spleen and bone marrow symptoms were the more pronounced; but if disease of the lymphatic glands predominated he designated it Lymphatic Leukemia.

Fortunately for the human race it is a disease that physicians are not called upon to treat every day—a case of the Myeloid type being met with about as often as a case of Myxœdema; and the lymphatic variety not nearly so often.

The cause is unknown; it has no demonstrated relation to previous hemorrhages, inheritance or diseases; and it occurs twice as often in males as in females, and most often between the 30th and 50th year of age.

It somewhat resembles the neoplasms, the infections and anemia. Some observers have attempted to prove it to be of parasitic origin. The latest tendency is to class it with the neoplasms.

Its pathology is that of the spleen, bone-marrow and lymphatic glands; myeloid infiltration of the liver and lungs also occur in the course of the disease.

The symptoms of Leukemia are full blown from the beginning. It does not creep or come on insidiously; or it is at least not recognized until well developed. There is only one case recorded in which the onset is claimed to have been observed.

Some cases of the lymphatic variety are so like typhoid

*Read at regular meeting of the Nashville Academy of Medicine, Tuesday, August 8, 1911.

fever that it is impossible to diagnose in the absence of blood examination; even an autopsy would not cause two diseases to be distinguished, as the spleen, mesentery and some of the lymph glands would present a pathology almost identical.

One may be so sure that the diagnosis of typhoid fever is correct that the thought of a blood examination will not occur to the mind, and especially if it be the patient of a country physician who is not accustomed or equipped with the necessary paraphernalia for examining the blood. Physicians are not educated to the point, as a rule, that they consider it essential to the well being of the case in hand to incur any additional expense in the way of pathological fees. Then, too, in the country towns physician's services are so often unremunerative. These are reasons sufficient I think for apparent neglect in some cases. If the seat of each county had a pathologist, and if the County Court would make a small annual appropriation for pathological work to be used with discrimination, the physician would not be so handicapped in the country, and a saving of human lives would be the result.

I shall now report a case of Leukemia of the lymphatic type, a case of mine and the only one I ever saw.

I never had a blood examination made until late in the disease, which then only served to confirm the diagnosis which was easy enough. The pallor, the fever, the extreme anemia, the enlarged glands, the edema, the enlarged spleen even the microscopic appearance of the blood making a picture that could not be mistaken for anything else.

H. F., male, aged 8, one of a family of five children, healthy, parents both living and in good health, present health good, except for three weeks he had had whooping cough of unusual severity (there being an epidemic in the community). I was called in these words the 19th of February, last: "I want you to come up and see Henry, he is swelled all over." I found him up and about with his clothes on, pulse rapid and irregular, temperature 101 °C.

coated tongue, anorexia, "swelled all over," as they had said, abdomen tight, and he was constipated. I advised the usual measures. Next morning they called me saying, "he was up playing and all right, swelling all gone." In the afternoon they called again saying "he was again swelled all over, what must they do?" I called to see him and found him very much as on the previous day, temperature 102. I ordered him to be put to bed and restricted to a liquid diet. He was never free of fever until the 27th of March, a period of over five weeks; the temperature curve running about as in an ordinary typhoid, and as at this time his pulse and temperature became normal and remained so for several days, I pronounced him convalescent. Four days later they called saying "he had fever." I found his temperature 104, pulse 120, some enlarged lymphatic glands, the spleen distinctly palpable. The fever lasted about a week, his temperature then becoming normal, pulse 80 or 90. I thought this to be a relapse caused by imprudence in eating possibly, notwithstanding assertions to the contrary by his mother. I again thought him to be on the road to recovery and dismissed the case. In three days I was called again, the temperature being 104 degrees, all the cervical lymph glands and tonsils enlarged and tender to the touch, pain too on swallowing, several of the inguinals and axillary glands enlarged, spleen distinctly palpable, albuminuria, and from that time to the end there was fever; a succession of periods, remissions and exacerbations, each one more pronounced than the preceding, the neck, face and entire body becoming edemateous, the swelling increasing as the fever came on and subsiding as it declined; the white blood cells numbering at this time about 350,000 per cubic millimeter, the type of cell prevailing being the lymphocytes. The coagulability of the blood was absent entirely late in this case. He had hemorrhages from the nose from the beginning; the last two weeks it never ceased; the blood becoming paler and paler until it was a mere stain on the linen. The mucous membranes were a delicate pink; very little delirium

was ever observed, the mind remaining bright to which occurred three and one-half months after the ment to the bed.

Prognosis in Leukemia is grave indeed. No case been known to recover; more than half the cases and die within ten weeks. The chronic cases last six months to five years and are possibly modified by ment.

Treatment: Arsenic and the X Rays for which claimed, and recently Coley's mixed toxins.

Dr. R. C. Larabee, at the 12th Annual Meeting American Therapeutic Society, held at Boston in M reports improvement in 13 cases, five having been p ly reported, treated with Coley's fluid, some of wh been treated by the "X" Rays without improvemen

This toxin treatment is not curative, is a dangerous ment, to be used only with caution; but in some cas to the comfort of the patient and no doubt prolong states Dr. Larabee.

AMERICAN PROCTOLOGICAL SOCIETY

THIRTEENTH ANNUAL MEETING, HELD AT LOS ANGELES
JUNE 26 AND 27, 1911.

The President, Dr. George J. Cook, of Indianapolis in the chair. The officers elected for the ensuing year as follows: President, John L. Jelks, M. D., Memphis; Vice-President, Alfred J. Zobel, M. D., San Francisco; Secretary-Treasurer, Lewis H. Adler, Jr., M. D., Philadelphia, Pa.

Executive Council George J. Cook, M. D., Indianapolis, Ind., Chairman; John L. Jelks, M. D., Memphis, Dwight H. Murray, M. D., Syracuse, N. Y.; Lewis H. Adler, Jr., M. D., Philadelphia, Pa.

The place of meeting for 1912 will be at Atlantic City, N. J. Exact date and headquarters to be announced.

The following were elected Associate Fellows of

ciety: Dr. Arthur F. Holding, 98 Chestnut St., Albany, N. Y.; Dr. Ralph W. Jackson, Fall River, Mass.; Dr. E. H. Terrell, 304 East Grace St., Richmond, Va.

The following is an abstract of the principal papers read:

EXTRACTS FROM THE REPORT ON PROCTOLOGIC LITERATURE FROM MARCH, 1910, TO MARCH, 1911.—*By Samuel T. Earle, M. D., of Baltimore, Md.*—In Samuel T. Earle's review of Proctologic Literature from March, 1910, to March, 1911, he quotes from the following authors, giving the salient points from each of their papers:

Harrison Cripps, *British Medical Journal*, Vol. I., 1910, p. 292, endorsing Mummery's criticism of Whitehead's operation for hemorrhoids.

Dr. F. C. Wallis, *British Medical Journal*, Vol. I., 1910, p. 415, in defense of Whitehead's operation.

Dr. Donald C. Balfour, Rochester, Minn., *Annals of Surgery*, Vol. II., 1910, p. 239, gives Dr. W. J. Mayo's method of Anastomosis between the sigmoid and rectum.

Dr. Charles H. Peck, New York City, *Annals of Surgery* 1910, Vol. LI., p. 242, describes a method of excising the rectum for cancer by the perineal route.

Dr. Norman Porritt, *London Lancet* 1910, Vol. I., p. 360, describes a simple and efficient operation for hemorrhoids.

Dr. J. P. Lockhart Mummery, *London Lancet* 1910, Vol. I., p. 641, describes a new operation for prolapse of the rectum.

Mr. Heaton C. Howard, *London Lancet* 1910, Vol. I., p. 240, showed a case of stricture of the rectum treated by injections of Fibrolysin, which were given three times a week.

Dr. Walton Martin, *Annals of Surgery* 1910, Vol. LI., p. 125, reported a case of anastomosis between the sigmoid and rectum by invagination.

Dr. Joseph A. Blake, *Annals of Surgery* 1910, Vol. LI., p. 261, gives an unusual method of anastomosis in cases of carcinoma of the rectum.

Extracts from a statistical report of 120 cases of re-

removal of the rectum for cancer by Dr. William ,
Annals of Surgery 1910, Vol. LI., p. 895.

Dr. W. Sampson Handley in his second Hunter
ture gives some very interesting and instructi
gestions about the extension of cancer of the rectu
lymphatic system, British Medical Journal 1910, V
927.

A series of instructive papers on excision of the
for carcinoma can be found in the British Medical
1910, Vol. I., by the following writers: Charles A.
page 1378; Harrison Cripps, page 1323; F. Swinf
wards, page 967; W. Bruce Clarke, page 1023; P. I
Mummery, page 1144; W. Ernest Miles, page 120;

James Swain, British Medical Journal 1910, V
361, advocates very strongly the removal of all lym
in cancer of the rectum.

Dr. E. K. Scott, Boise, Idaho, Northwest Medici
II., No. 3, p. 85. a plea for more thorough exam
of the rectum for carcinoma by the general practit

Dr. C. L. Gibson, Annals of Surgery 1910, Vo
116, gives a special method for end-to-end Intestin
tomosis by the Invagination Method, in cases whe
methods would be impracticable. Sigmoid Repl.
Small Intestine. Reichel, Verhand d. Deutsch (C
Chir., April, 1910.

Dr. Wilson, Annals of Surgery, February, 1911,
speaks of the association of diverticuli and carcin
the lower bowel.

DeWitt Stetten, Festschrift of the German Hospit
York, 1909, published two most interesting observa
the co-existence of tuberculous ulcers and carcinom
large intestine.

Dr. Wyllis Andrews, Surgery, Gynecology and Ob
January, 1911, p. 63, gives an interesting account o
form of industrial Accident-Pneumatic Rupture of
testine.

Bard, Semaine Medicale, November 30, 1910, Vo

No. 48, p. 565, recounts a case showing this rather unusual type of Hirschsprung's disease—Idiopathic Dilatation of the Rectum.

Treatment of Painful Fissures and Piles by High Frequency Currents.—A. Teirlinck, Gand, Belgium. The Proctologist, December, 1910.

The following article by *Dr. A. Teirlinck, of Gand, Belgium*, was read by title:

HOW CAN AN INFECTED SIGMOID DIVERTICULUM BE THE CAUSE OF A RETRO-PERITONEAL ABSCESS?—In the present state of abdominal surgery the appendix is frequently regarded as the chief cause of all abdominal troubles.

Recently numerous works have been published concerning sigmoiditis and peri-sigmoiditis. Diverticular abscesses are not as frequent as appendicular abscesses. It should be borne in mind that the sigmoid is often located in the right iliac fossa and diverticular abscesses may be mistaken for appendicular trouble.

In the young the sigmoid flexure is free and communicates with the retro-mesenteric and pre-aortic cellular tissues by the tissue of the meso-colon. Infection can be transmitted from the diverticula into the retro-peritoneal cellular tissue by three means, the connective tissue, the lymphatic system, and the venous blood vessels.

In adults the sigmoid is adherent to the posterior abdominal wall and in such cases there is another source of infection, an external one; due to the numerous anastomoses between the meso-colic glands and the parietal lymphatic system and between the sigmoid blood-supply and that of the retro-peritoneal region.

SOME OBSERVATIONS UPON THE SURGICAL ANATOMY AND MECHANISM OF THE COLON.—By *Granville S. Hanes, M. D., of Louisville, Ky.*—Until comparatively recent years diseases of the colon and sigmoid, and the surgical anatomy of each, received but scant attention. Recently, however, much valuable information upon this subject has been developed.

SOUTHERN PRACTITIONER.

Dr. Coleman Kemp in his work on Diseases of the Stomach and Intestines says that Dr. J. M. Matheson was the first to call attention to sigmoiditis and diverticula of the sigmoid.

The entire length of the large bowel in situ is four inches shorter than when it is dissected from its attachments. An ordinary thirty-inch colon tube has sufficient length to extend around the lumen of the large bowel to the cecum. While this has not been done in the living subject it has been done in the cadaver, and radiographs of the same are on record.

It is almost universally believed that ordinary catheter tubes can be manipulated in such a way as to follow the entire course of the large bowel around to the cecum. It has been proven by a number of investigators that this achievement is impossible in the normal bowel.

The length of the sigmoid is about eighteen inches. Being a floating portion of the large gut it is possible for an instrument to pass beyond the middle of the sigmoid. Should such be possible and the tube be introduced into the descending colon it would be a physical impossibility to pass either the acute angle at the splenic flexure or the hepatic flexure. The failure of instruments to pass beyond the sigmoid has been demonstrated by X-Ray photography.

Dr. Hanes demonstrated the difficulty in passing a catheter through the hepatic and splenic flexures by using a thirty-inch, No. 20, French, soft rubber catheter in the caput coli in an old appendicostomy case. He tried every kind of manipulation to pass the catheter through the flexures. The tube was allowed to remain in the colon for twenty-four hours with the hope that peristalsis would carry it around, but this failed. After passing the second time three hours later four inches of catheter appeared through the anal opening.

He then forced bismuth solution into the head of the catheter until the wall of the gut was thoroughly distended and a skiagraph was made. E. Bruce made a skiagraph. No regurgitation

ileum occurred. This experiment was repeated a number of times with the result as above given. If the ileo-cecal valve allows no reflow into the ileum then exceedingly large amounts of water injected into the bowel are retained in the large gut, and not a part of the amount passed into the small bowel as is supposed by some.

In an old appendicostomy case, with the patient on the left side, coal oil was poured into a colon tube that had been introduced three inches into the rectum. In six and a half minutes the oil was flowing out of the appendicostomy opening. The amount employed was thirty ounces. This clearly demonstrates that liquids will easily pass around the entire colon without flowing through a tube. The point is also made that coal oil is much less irritating to the mucosa than plain water or ordinary aqueous solutions.

The capacity of the large bowel in situ was measured by temporarily closing the opening of an appendicostomy case and allowing coal oil to flow into the rectum as long as the patient could tolerate it. At a later date the same experiment was made by allowing oil to flow into the head of the colon. About the same amount of oil was received in each case. After making the same experiments in other cases it was decided that the average large bowel had a capacity, varying between fifty and sixty-four ounces.

The capacity of the rectum was ascertained by inverting the patient and placing a colpeurynter at the junction of the sigmoid and rectum, just within the sigmoid. The colpeurynter was then distended with air until no fluid could pass into the sigmoid. Coal oil was allowed to flow into the rectum till no more could be received. It was then drawn off with a catheter and the average amount was found to be between fourteen and seventeen ounces.

He insists that the Inverted Position (Hanes) is much to be preferred by both patient and operator when any kind of illuminating instruments are to be employed in the rectum or sigmoid.

PRACTITIONER.

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in the rectum leads to a blunting of its sensibility, so that comparatively little local discomfort is present in most cases of confirmed constipation. But in acute cases or cases of recent origin, in which the rectum is distended with feces much discomfort and occasionally severe pain is experienced. On the other hand, even a very large accumulation in the pelvic colon produces little or no discomfort in the intestine itself.

A large fecal accumulation in the rectum presses directly upon the anterior primary divisions of the third, fourth and fifth sacral nerve roots, as they emerge from the sacral foramina. It may therefore lead to neuralgic pain referred to the sacrococcygeal region. It is liable to cause suffering more from its constant presence than its severity; it is often as severe when the patient lies down as when he takes exercise, but some relief follows flexion of the lumbar spine. The muscles of the buttocks and back of the thigh, which receive a small part of their sensory and motor supply from the third sacral nerve root, may be the seat of similar pain. Neuralgic pain or paresthesia, in the form of tingling or a sensation of heat or cold may occur, in the course of the sciatic nerve, in the back of the thigh, and occasionally the sensation of cramp in the calf is produced. Pain is also occasionally felt in the hip-joint, it receives part of its nerve supply from the third sacral nerve. The roots which supply the muscles of the front of the thigh, are situated out of reach of the distended rectum, so that in the exceptional cases in which pain is produced by constipation in this situation, it must be due to pressure exerted by a fecal mass in the iliac colon on the anterior crural nerve; and is accordingly only observed on the left side.

That these neuralgic pains are probably due to the direct presence of a large and hard mass of feces, on the sacral nerve-roots is shown by their instantaneous disappearance on completely evacuating the rectum by enemata, a form of treatment which was already advocated for sciatica by Columnius of Naples at the end of the eighteenth century.

SOUTHERN PRACTITIONER.

the erections and seminal emissions, micturition and nocturnal incontinence result from large fecal accumulation due to direct irritation of the third ves, and are not reflex in nature. The ter ani and levator ani muscles, which are described as an occasional complication of the rectum, which occurs in constipation in part due to pressure on the fourth

gia of the testicles in men and dysmenstruation are sometimes increased by the direct action on the nervous supply of the testicles. ly.—Arthur F. Hertz, on Constipation

IOLOGY AND URINARY FINDINGS OF CONSTIPATION. L. Jelks, M. D., of Memphis, Tenn.—This paper contains no new theories but expresses his views of both chemical and microscopical findings in connection with clinical proctology, and the various lesions in cases of atonic constipation.

He refers to the importance of either finding, or the presence of intestinal parasites, that abscesses in the intestinal coats and ports for the escape of their toxins. He expresses the belief that the pressure wrought to the sub-mucous structure of plastic material and the contracting action of the bowel, as also the consequent interference with, the secreting glands, and that the nerve supply may become impeded, a chronic condition of some patients.

He also believes it is important to make examinations in all cases of this character, both of the fecal specimens, and of scrapings from the lesion found in it. He also expresses his opinion, both clinically, and microscopically, believing in the relationship and associa-

betes, kidney insufficiency and diseases of the kidney with cases of atonic constipation.

These examinations of the urine aid in determining the proper course of treatment, especially is this true when indicanuria, casts and sometimes traces of albumen, indicate the vicarious overwork of the tired and irritated kidneys, as also the intestinal fermentation and coprostatic auto-intoxication, which results in some cases.

The author refers to the importance also of examination of the stomach contents after test meals have been given as these may furnish in some cases a clue to etiologic factors.

Blood examinations he finds quite important in determining the amount of opsonic resistance as also for finding infections in the blood, which matters by lowering the vitality may become factors in the atonic conditions which were being discussed.

PATHOLOGY AND DIAGNOSIS OF CONSTIPATION.—*By Wm. M. Beach, M. D., of Pittsburg, Pa.*—Pathology of constipation is naturally considered under two general heads, namely:

1. Stasis due to altered secretions.
2. Stasis due to mechanical obstruction.

The first may be the result of neuroses, and acute fermentative indigestion, or a bacillary infection. The anerobes may attack the contents of the bowel or the gut wall itself, leading to varying degrees of inflammation in the colon, as ulceration, hypertrophic and atrophic catarrh. The colon impaired functionally or traumatically leads to stasis and consecutive inhibition of the fecal excursion. Such impairment further disturbs the physiologic lines of defence against the auto-intoxications, as:

- (a) The intestinal mucosa, itself.
- (b) The liver, and
- (c) The antitoxic glands.

Collateral with these phenomena in constipation, are such

RN PRACTITIONER.

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they had had an evacuation within an hour or two previous to the time of examination. Thorough colonic flushings invariably brought about relief from pain, and in time marked improvement in their general condition.

These observations are in line with the theory advanced by various authors that arthritis deformans may be due to intestinal auto-intoxication.

Mention is made of the various muscular, arthritic, and neuralgic pains caused by absorption of toxins from the bowels. These are often misunderstood, and treatment instituted for rheumatism.

Congestion, irritation, and various disturbances, both functional and organic, of the uterus, tubes and ovaries in the female; the vesicles, urethra, and prostate in the male; and the bladder in both; may result from chronic constipation. This is due both to the proximity of these organs to the lower bowel and to their close physiological relationship.

It is noted that albuminuria may arise from intestinal stasis, and mention is made of the opinion advanced by various clinicians that a nephritis may even be caused thereby.

The role of constipation with auto-intoxication as causal factors of epilepsy, neurasthenia, and various mental conditions, as claimed by certain well known and competent observers, is stated here without comment.

The influence of these conditions on the heart, blood-vessels, and the blood; and its effects on the eye, ear, nose and throat are dilated on in this paper, and in support of these statements quotations as culled from the literature that has appeared on this subject during the past five years.

The writer further briefly mentions a few more of those conditions that are supposed to arise from chronic constipation with auto-intoxication, and concludes by agreeing with the trite observation of Boardman Reed that, "when we except the exanthems, malaria, syphilis, tuberculosis, and the diseases caused by traumatism by metallic poisons, and by a few other toxic agents or infections from without,

SOUTHERN PRACTITIONER.

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L TREATMENT OF CONSTIPA
ray, M. D., of Syracuse, N. Y.—

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The key note of his paper is, education and regularity as to periodicity of the first daily stool. Finally he believed that the whole profession had a profound duty to perform for mankind in an educational way for emancipating the race from this insidious foe.

THE SURGICAL TREATMENT OF CHRONIC CONSTIPATION.—
By Louis J. Hirschman, M. D., of Detroit, Mich.—Constipation is divided into two great classes; the one class being due to a lack of functional activity, i. e., dietetic error, improper habit, neural or trophic influences. The other class, which some of us have been pleased to designate as obstipation includes all classes whose impaired activity is due to mechanical interference with the normal peristaltic movements and expulsive function of the bowel.

Obstipation, or obstructive constipation may be caused by :

- (1) The presence of any foreign body, occlusion, contracture, hypertrophy or accumulation in the intestinal canal.
- (2) Displacements, acute angulations, distensions, neoplasms, adhesions or compressions of the bowel.
- (3) Developmental defects and congenital deviations from normal.

Inasmuch as the surgical treatment of constipation, due to easily recognized local conditions, is obvious, they are dismissed with mere mention. Coloptotic constipation represents such a large percentage of cases of mechanical constipation that its discussion involves the most important field of surgery in the treatment of constipation. All patients with ptotic colons are not constipated, nor do all constipated patients suffer from coloptosis. There must be in addition to ptosis of the cecum, transverse or sigmoidal colons, a condition of functional inactivity due to atony of the bowel muscle.

Suspensions of ptotic colons by means of fixation by adhesions to the abdominal wall are unnatural and interfere with peristalsis. Restoration should be accomplished by shortening the natural support—the mesentery. Lateral an-

N PRACTITIONER.

most dependent loops of ptotic bowel. Above all, massage, both abdominal and rectal, is of primary importance in restoring normal bowel function, to be used along with either dietary or other measures to restore bowel function.

4.—*By. J. Rawson Pennington, M.D.*—We are all agreed as to the importance of cancer. At least it seems to me no exaggeration to draw from the following figures:

The U. S. census, cancer appears to have increased from 100,000 population in the previous census, so we learn from the work of the Bureau of Cancer increased from 177 to 255 per million living in 1905. While the population barely doubled, mortality from cancer increased more than twice. The increase confined to the United States is good for Japan, India and even Europe.

In short, cancer is one of the severest problems apparently increasing, by leaps and bounds, in the progress of Medicine, Surgery and Hygiene. From the increased prevalence, the mortality from malignant diseases is somewhat appalling. Our anxiety in regard to the rectum is pardonable when we realize that 10 per cent. of cancers involve this region. 4.7 per cent. in males and 5.3 per cent. in females. Is there anything to be done? The writer believes the American Society may be made a powerful agent in this crusade. In Germany a similar crusade against cancer of the uterus by the American Society both among the profession and the public stated that the number of cases of cancer of the uterus has been reduced over 30 per cent. by calling attention to the early symptoms of rectal cancer in the male re-

ferred to by Williams 2,592 patients were over 45 years of age, and 2,180 of the 2,533 female patients. In the male sex again the average age, at which the onset was noted, was 49.7 years, the minimum being 16.75 and the maximum 74; while the female sex the average was 50.4 years with a minimum 21.8 and a maximum of 88 years. This brings me to the crux of my argument, that every person who has reached the so-called "cancerous age" should be examined periodically for evidence of commencing carcinoma, not necessarily of the rectum alone, but in the female for example, of the uterus also.

In 120 resections of the rectum for malignant diseases W. J. Mayo observes: "It is an unfortunate fact that, in the majority, cancer of the rectum is not recognized in time to obtain a radical cure." I said a moment ago that cancer in the beginning is a local disease. This granted, then early and thorough removal must lead to a cure. It has been shown that a large proportion of malignant growths originate in scar tissue. In cancer of the stomach, for example, the Mayos found that no less than 62 per cent showed evidences of a previous ulcer. In rectal cancer patients frequently give a history of previous operations on the part. Does the cancer occur in the scar left from an operation for hemorrhoids done by one of the commoner methods—ligature, clamp and cautery, or some other technic, leaving much scar tissue and sometimes stricture? May it not be occasionally engrafted on the scar following the usual incision method of operating for fistula? Here is a suggestion for us in our own work, secure smooth healing by resorting only to such procedures as leave the minimum of cicatricial tissue, hence, the least possible nidus for possible mischief in the future. With the co-operation of the public it seems to me we should learn much about cancer in the early stages. To educate the public we must—as has been well said—"organize, systematize, deputize, energize, supervise and economize." The field is broad and the opportunity is at hand. Shall we grasp it?

SOUTHERN PRACTITIONER.

N OF RECTUM AND ANUS, WITH REPORT OF
y C. Hawley, A. B., M. D., of Burlington,
of modern embryology explain a majority,
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age 4 weeks, came under my observation
She had an imperforate anus, the rectum
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ect is sometimes seen, many cases reported,
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a intestine opens well up in vagina are not
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INCREASE OF INSANE POPULATION.

a of the insane in asylums, according to the re-
lill, chief statistician for revision and results, re-
ensus Director Fallmer, indicates a very striking
ss of the population. In 1904 the number of in-
was 150,151. In 1910 this number had increased
ase of 22.6 per cent in six years. The number of
sane asylums during the year 1904 was 49,622,
r 1910 was 59,628, an increase of 20.2 per cent.
e-minded in institutions numbered 14,347; in 1910
199. The number of commitments to institutions
sed from 2,599 in 1904 to 3,848 in 1910.

Records, Recollections and Reminiscences.

PHYSICIANS AND HISTORY.

BY CARROLL KENDRICK, M.D., OF KENDRICK, MISS.

It is well known to all close students that true Southern history has never been written. Especially is this true with reference to the medical profession. Great achievements by noted Southern physicians and surgeons have been almost entirely ignored or everlooked by the writers of history. Southern people after the great war were too busy building up the waste places and repairing broken fortunes to think of writing history. Southern people, as a rule, are too modest and too reticent to boast of their great and noble deeds. Doctors, more perhaps than any other class, have neglected to do their duty along this line.

It is not my intention to go into details nor to refer at any great length to historical matters, but the object of this paper is to call attention of the profession to this subject with the hope that we may all take more interest in such matters in the future. Prof. Agassiz once said he had not time to make money. This is nearer the truth with reference to us than to any other class of people. We have not time—the active physicians—to make money. Too many of us think we have not time to take an interest in the history of our profession. But we owe it to the South, in the rising generation, to duty and to ourselves to take some interest in this matter in order that those who come after us may have an opportunity of knowing the truth. This matter is regarded by some as idle sentiment. It may be sentiment; but, if so, it is a God given principle, and I would that we all possessed more of it than we do. The further we get from sentiment the further we get from God.

After eight years lobbying and knocking at the doors of Congress W. G. Morton succeeded in getting that body to recognize him as the discoverer of surgical anesthesia. But the facts show that Crawford W. Long, of Georgia, used

surgical anesthesia two and a half years before Morton or any one else claimed to have used it. In the year 1877 Dr. J. Marion Sims circulated a pamphlet in which he brought such an array of facts to support the claims of Crawford W. Long that no one was able to deny or disprove the statement that Long first used surgical anesthesia. The matter was brought before the Mississippi Medical Association in 1899 and by a unanimous, standing vote that body said Dr. Long deserved the honor. Other State associations adopted like resolutions. No one at that time attempted to deny what Dr. Sims had stated in his pamphlet. But since that time many seem to have forgotten the matter; and now we see it stated frequently in Northern papers that Morton deserves the honor. A few months ago Dr. Long's native State reared a monument to his memory, with this statement as part of the inscription:

"In memory of Dr. Crawford W. Long, the first discoverer of Anesthesia, the great benefactor of his race. Born Danielsville, Madison County, Georgia, Nov. 1, 1815. Died, Athens, Ga., June 16, 1878."

On another side of the monument is the following inscription:

"Sulphuric Ether Anesthesia was discovered by Dr. Crawford W. Long on March 30, 1842, at Jefferson, Ga., administered to James W. Venable for the removal of a tumor."

This was tardy justice at last, but such is life.

*"Alas, too late oft comes the laurel wreath,
A Tasso's brow was pale and cold in death,
Before the long grudged bays trembled above,
The lips that sang of glory and of love."*

Only a few months ago a medical journal with a very large circulation advocated the claims of Dr. Morton, and intimated that the argument in favor of others was closed. So far as I know I was the only man who replied. The proof that Long discovered or first used surgical anesthesia is as plain as that which proves that Washington was once President of the United States. Yet Northern writers

and spielers persistently ignore the facts. The old quotation, "Let justice be done though the heavens fall," should be remembered and followed by all. But we add, let just justice be done, although a Southern man be honored thereby. We want the young men in our profession to take an interest in such matters of history, and be ready at all times to reply to those who would ignore or misstate the facts. So long as I may live and remain able to write, it is my purpose to speak out in favor of the truth whenever occasion demands it.

Inasmuch as nearly all the book makers living in the Northern States seem to think "no good thing can come out of Nazareth" (the Southern States), it has been to me a mystery always that some movement has not been made to deprive Dr. Ephrim McDowel of the honor of being the first to perform ovariotomy. There is only one reason in my opinion that such effort has not been made, and that is,

"They can't do it, you know." Dr. J. Marion Sims, another Southern doctor, bent a large spoon handle and introduced it into the vagina of a negro woman and saw what never a man had seen before. In this way the special vaginal speculum was discovered; and operations performed successfully which had never been dreamed of before. The discoveries of Dr. Sims have been the cause of making comfortable and happy many thousands of helpless women whose lives were about worn out with suffering. It is a greater honor to have discovered or invented the Sims speculum than to be a conquerer of mighty armies.

The grand, noble men who served as surgeons in the armies of the Confederacy during the Civil War are to my mind the greatest, the most deserving of honor, who have ever in any age of the world practiced the medical profession. The young men in our profession should see to it that those noble men occupy the place in history they so well and nobly won. When we remember how they were hampered in their noble work for want of almost everything now regarded as absolutely necessary in such cases; when we re-

member how well they succeeded, we cannot but believe the Great Physician stood by them and held up their hands, their energy and their lives while in discharge of their great and most responsible duties.

When speaking of the heroes of those dark and gloomy days we should not forget to mention the name of the late Dr. Warren Stone, of New Orleans. When he was ordered against his will to consult with the physicians of the United States Army, when the soldiers were suffering with a disease not understood by them, he said: "It is mange, a disease of dogs." A prison cell yawned for him, but he braved all and told the truth. This is but one incident in the life of that great man during those stirring times which proved him a hero.

In Chicago when Southern prisoners were confined and dying from the effects of cold, Dr. Brunson reported as the cause of death "Frozen to death." He was threatened by the prison authorities with serious punishment if he did not change his diagnosis. But, true to himself, true to honesty, to truth and his noble profession, he refused to change the diagnosis, and then challenged them to call in any Chicago physician or surgeon to make a post mortem examination to see whether he was right or not. They did not dare to accept the challenge. He was not only a physician in every sense of the term, but he was a man; and he felt like the Roman actor who, standing in the arena, said: "I am a man and whatsoever concerns man concerns me," (and was applauded by that vast audience rising as one person).

It is impossible to name all the great men in our profession from the Southern States who have done enough to deserve honor and praise of, not only this, but of future generations. At the risk of being tedious I will refer to one man whose name is almost forgotten, Dr. Samuel A. Mudd, of Port Tobacco, Maryland, dressed the broken leg of John Wilkes Booth, and, because he did not become a swift informer, because he was true to his professional honor, because he did not betray the secret of his patient, he was sentenced to life imprisonment, and for years suffered all

the horrors of prison life that hellish ingenuity could devise. He was true to his professional honor, true to his patient regardless of consequences. Suppose Booth had killed President Davis instead of President Lincoln, suppose some Northern physician had dressed the broken leg and refused to betray his patient and had gone to the penitentiary rather than betray him? Do you not know that the name of such physician would be heralded in song and story as a hero among the greatest? But Dr. Mudd, the only man whom courts have punished for keeping the secrets of his patient is almost forgotten. But I hope some day the medical profession will erect a monument to his memory, and inscribe on it these words: *'He loved his professional honor better than gold, better than life.'*

But this is not all. When yellow fever visited Dry Tortugas, where he and his fellow prisoners were confined, the prison physician was one of the first to die. Then Dr. Mudd took charge of the sick and treated successfully, not only his comrades in distress, but also the soldiers who were guarding them and heaping all manner of indignities upon them. His fellow prisoners begged him to let their enemies die. They said, *"Yellow fever is a foe which has no respect for prisoners nor guards, it treats all alike, we are all on an equality here, it does not even have respect for race, color or previous condition."*

But Dr. Mudd was a man, and whatever concerned man concerned him. After he and his fellow prisoners were pardoned (there being no evidence in any instance of guilt), some one introduced a bill in Congress to pay Dr. Mudd for his professional services to the United States soldiers. But he never received a cent. We can at least do honor to a member of our profession who has suffered many times the agonies of death because he refused to betray the secret of his patient. Let us teach the young men in our profession to honor the memory, and if occasion demands, imitate the example, of this noble man. The names of many other great men in our profession should be mentioned, but no one

can do this in a short paper of this character. If the physicians of the South will stand up boldly for the truths of history, so far as related to our profession, truth and justice being on our side, we cannot fail of success. But if we are careless and unconcerned failure will be our portion.

"Let any man show the world that he feels,
Afraid of its bark, and 'twill fly at his heels;
Let him fearlessly face it, 'twill leave him alone,
But will fawn at his feet if he fling it a bone."

PNEUMONIA IN THE CONFEDERATE ARMY.

BY C. J. EDWARDS, M.D., OF ABBEVILLE, LA.

The destruction by fire, of the records in the office of Dr. S. P. Moore, Surgeon General, of the Confederate States of America, at the time of the evacuation of Richmond, Va., by the Confederate Army under Gen. R. E. Lee, wiped out at one fell swoop, a great mass of valuable information touching the medical and surgical features of the great struggle. However, the zeal, untiring energy and patient industry of Prof. Joseph Jones, late of New Orleans, has preserved from oblivion quite a number of observations upon disease made during those stirring times. It is to his investigation on the prevalence and fatality of pneumonia, that I am indebted for the salient facts in this account.

The Field and Hospital reports for a period of 19 months, January, 1862, to July, 1863, show that in the Confederate Army, with a mean monthly strength of 160,231 officers and men, 1,057,349 cases of disease and wounds were entered upon the field reports; and of this number pneumonia constituted 28,273. Of the mean strength of the Army 17.6 per cent. suffered with pneumonia, and the disease constituted 2.7 per cent. of all cases of disease and wounds entered upon the field reports.

During the period of 19 months 397,406 cases of disease and wounds were entered upon the Hospital Reports, and of

this number 15,542 were recorded as pneumonia, and the disease, therefore, constituted 3.15 per cent. of all disease and wounds entered upon the hospital reports.

There was a marked difference in the elevation, geographical location and temperature and the prevalence of pneumonia.

In the Confederate forces serving in Virginia and North Carolina with a monthly mean strength of 79,396 during these 19 months, there occurred 11,025 cases of pneumonia, that is on an average of 13.88 per cent of the mean strength was affected with pneumonia. During the same period 10,743 cases, or 3.53 per cent. were recorded as pneumonia on the hospital reports.

In the Army of the West—afterwards called the Army of Tennessee—which operated chiefly in the elevated regions of Tennessee, Kentucky, Alabama and Mississippi, with a monthly mean strength of 40,273, during a period of 12 months, 6,974 cases were entered upon the field reports as pneumonia, or 17.31 per cent.

The proportion of cases of pneumonia appears to have been greater in the elevated regions of the West than in Virginia.

On the other hand, in an army of 25,670 men (mean monthly strength), serving along the low, hot coast of South Carolina, Georgia and Florida, during a period of 19 months only 8.25 per cent. of the entire command were attacked by pneumonia and the disease constituted only 1.35 per cent. of the total number of diseases entered upon the field reports.

There was a difference in the mortality rate in cases treated in the field and those in the hospitals. Thus, in the Departments of South Carolina, Georgia and Florida, in a period of 19 months, there occurred 2,220 cases of pneumonia, with 127 deaths; while the hospitals reported 1,786 cases, with 370 deaths.

In the General Hospital at Staunton, Va., which was supplied by the forces under Jackson and Early, in the Val-

SOUTHERN PRACTITIONER.

nia, there were 833 cases of pneumonia treated, 10 deaths. Thus, in this large and well conducted hospital, 1 per cent. (or one death in 43 cases) of the cases of pneumonia terminated fatally.

The above figures, which have been carefully compared, are forcibly impressed with the heavy mortality from pneumonia; it and typhoid fever causing more than one-third of the total deaths occurring from wounds and disease in the hospitals.

The above figures are further impressed with the very marked difference in mortality from pneumonia in the cases treated in the hospital, and are led to inquire if one of the causes for the better results obtained in the hospital in the field, may not be found in the abundance of medical aid afforded the patient in these cases as compared to those treated within hospital walls.

In a recent communication of this Association, its late President, Dr. Samuel E. Lewis, is set forth the fact that the mortality rate in Federal prisons of Confederate soldiers, was 25 per cent. while that of Federal soldiers in Confederate hospitals was only 9 per cent.

A comparison of these statistics develops the fact that the mortality rate among Federal prisoners in Confederate hospitals is not only less than that of Confederate prisoners in Federal prisons, but that the mortality rate was as low as that of their own soldiers in the Army hospitals. It should effectually remove the charge made for the neglect of Federal soldiers in Southern hospitals, that the Federal soldiers in Southern hospitals were neglected while sick and denied medical aid.

Food is a mixture of Phosphoric Acid and Phosphates, which physicians seem to have lost sight of to some extent in recent years. The Robinson-Pettet Co., to whose advertisement (page 15) we refer our readers, have placed upon the market an improved form of this compound, "ROBINSON'S PHOSPHATE." Its superiority consists in its uniform composition and its freedom of palatability.

Editorial.

LOOKING BACKWARD.

One who has been for a little more than a half century trudging along the rugged highways and byways of medical practice, and for a little over a third of a century toiling and moiling in medical editorial harness, is time and again irresistibly forced to a retrospection of his days of grind, a comparison of then and now—his past and present containing so much more than can his professional future, which is becoming day by day, necessarily more and more limited. In the August number of one of our most valued and highly esteemed exchanges, in the bright and clean pages of which we always find something good, *The Indianapolis Medical Journal*, we find two articles, so full of meat, so juicy and tasteful to an "Old-timer" that we forego to some extent our usual monthly lucubrations in our Editorial Department and reproduce them in full. The one an "Original Article," from the pen of Dr. D. H. VanNuys, of Anderson, Ind.; and the other being the first editorial article in the number, and by one of its very competent editors, Dr. A. W. Brayton.

The older members of the profession, we feel confident, will most heartily join us in an endorsement of both articles; as will also, our more youthful colleagues—if *they live long enough*. At any rate, we believe that these two articles will be of more interest to our readers than anything coming from our somewhat lagging pen in these closing days of the summer solstice. The title and text of Dr. VanNuy's article is as follows:

"FIFTY YEARS IN THE PRACTICE OF MEDICINE.—OBSERVATIONS AND EXPERIENCE.

"Many radical changes have taken place in the medical profession within the last fifty years. In common with the march of almost every human industry, medical men have kept pace and in many instances, been the leaders, in scientific progress. In devotion to professional duties, in upholding the dignity and honor of our profession, it can be truthfully said, however, that the "family physician" of fifty years ago would not suffer by comparison with the medical men of today. In those earlier years in the history of Indiana, almost every community could cite to its favorite physician, whom every one honored and respected as a devoted friend and in whom they complacently confided in the hour of physical suffering. Their confidence and devotion was not misplaced. The typical physician of that early period possessed a substantial knowledge of the fundamental truths of medicine, well versed in the text-books, and generally were graduates of medicine from some reputable medical college. The school of practical ex-

perience contributed greatly to their professional success. Compared with the modern advantages now possessed by physicians, our earlier doctors struggled against poverty, and crude methods. He was compelled to manufacture his own tinctures, make his own pills and salves or consign such duties to his medical student. The medical student of that period was required to pursue a strict course of reading under the tutorage of a competent physician including the textbooks of the different branches of medicine. This systematic course of reading became necessary before entering a medical college. To the student of that day *Gray's Anatomy held his attention for many months and in therapeutics George B. Wood was the standard; he became acquainted also with John Eberly, Samuel D. Gross, Charles D. Meigs, Robley Dunglison and other distinguished lights in medicine of that day and whose burning and brilliant lights still shine as guiding beacons in our profession.** I desire here to say that in the accurate description of disease and its symptoms none exceeded the great George B. Wood, and the modern physician will find in that great author many points not found in the pages of any other writer either ancient or modern. At that early day the physicians had not heard of the numerous swarms of germs now infesting every fabric of the household and even covering the surfaces of lead and slate pencils. While his knowledge of bacteriology may have been deficient he was taught to become familiar with the fundamental truths of Anatomy, Physiology, Chemistry, Surgery, Obstetrics and Therapeutics. He could grasp the signs and symptoms of disease and in prescribing could be guided by rational knowledge. His professional duties covered a vast field, from extracting teeth to amputation of a femur, meeting every emergency in obstetrics, and withal gained a worthy reputation in his community. Our younger modern physicians cannot realize the deprivations, the struggles, the physical toil of our earlier practitioners. The scattered population in the country districts, the condition of the mud roads, the numerous swamps and swollen streams making it necessary as a mode of conveyance, horse-back almost exclusively subjected the Doctor to a toilsome life. Equipped with the well-filled "pill-bags," he went forth on his earnest mission of mercy to serve the poor and rich alike. During the spring when the roads became almost impassable he would often abandon the horse and traverse forest and field on foot to some sequestered cabin, and the question of remuneration became secondary to him. All honor to the pioneer physicians of Indiana. They strictly practiced a code of ethics char-

*According to our recollection it was either Wilson's or Horner's Anatomy—Gray's being of a later vintage.—Ed. S. P.

**To whom we would add grand old Thomas Watson of London, truly a Master in English diction as well as in Medicine.—Ed. S. P.

acterized by honorable dealing among themselves, to their patients and to the general public. No class of professional men became more worthy of respect and honorable mention. Considering their surroundings, without the benefit of trained nurse, or luxurious supplies in the sick room, I assert their percentage of cures compares favorably with that of the hospital records of these later years.

"Let us glance into the old-fashioned pill-bags and discover its contents. We find in a conspicuous place calomel, blue-mass, quinine, cantharides ointment, Dover's powder and a thumb and spring lancet. All our leading text-books of that day on the practice of medicine regarded the use of quinine the only reliable specific in malarial diseases, save perhaps Fowler's solution. At that time almost every section of Indiana contended against malaria except among the hills of the Ohio river. Few persons escaped the ravages of chills and fever, with more or less damage to the functional activities of the liver and kidneys. Our medical writers wisely recommended measures to restore a healthy liver and kidney action in the treatment of the disease of whatever character came before them. We heard much then concerning secretion and excretion. I believe it was old John Eberly who taught the medical world the importance of elimination by stimulating the activity of the common sewer of the system—the alimentary canal—by his famous remark: "Love God and keep your bowels regular." It was an accepted medical doctrine that calomel or some mercurial accomplished more in stimulating the secretory organs than any other medicant. Mercurials seldom disappointed those earlier physicians. Other hepatic remedies were used, but none had a sharper edge or mark of reliability upon it than mercurials. The use of calomel in various types of disease was a positive and heroic practice and never disappointing in results. I desire to be placed on the witness stand to testify to the curative powers of mercurials in my own case. Thirty-five years ago during one summer, my health failed and two physicians prescribed the usual routine remedies for tuberculosis, including cod-liver oil with no benefit whatever. My cough was distressing, expectoration profuse, daily exacerbations of fever, night-sweats and emaciation. Happening to meet Dr. John Waymon, of Cambridge City, Ind., an old friend of mine and whose reputation extended far and wide as a physician, he informed me my trouble resulted from torpidity of the liver and prescribed liberal doses of blue-mass for a few nights. After taking three doses of bluemass my liver resumed functional activity and I was soon on the high road of recovery. It is always well to "praise the bridge that carries you safely over," and in my individual case, the denunciations of calomel as a poison by our physio-medical brothers falls very lightly, and makes but little impression upon my mind. Were the great medical writers of half century ago ignorant and mistaken when they recommended the

ERN PRACTITIONER.

plaster, and the lancet? I think I will
n that under like conditions of the system
their virtues in the year 1911. I think I
that in my fifty years of medical service
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the preparations of mercury. In making
I class myself among fossils in medicine
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writers taught a great lesson when they
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" the bowels, is a land-mark in our pro-
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of modern times by reason of deprivations
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parison. I dwell long on this early medical
ining the highest regard for the battle-
ioneer days, who answered every call of
ancial reward, being prompted by duty
al spirit. Who today can doubt that they
held the high standard of our profession?"
on is, with the exception of the last three
extract from the remarks made by the
en Smith, of New York, so well and widely
an and Scientist. Its title and text is as

LECTIONS OF A MEDICAL LIFE.

old age has its amenities and compensa-
y we are no longer straphangers in the
interesting and sometimes amusing, as we
-haired man or woman—rarely a young
, a seat. And then there is that freedom
ationality in habits, dress and manners
o life, as all these defects are readily at-
ticises our unpolished shoes, nor our dis-
counts the number of hairs on our coat
ly on to its close.

“Looking backward through the long vista of four-score and eight years, and summarizing its events and experiences, two lessons are forcibly impressed upon my mind. The first is that the greater and more important results have followed the common and apparently least important events; and the second is that I have had little or nothing to do in planning or shaping the life which I have actually lived. The application of these lessons is, as the first, according to Pliny:

“‘Let not things, because they are common, enjoy for that the less share of our consideration.’

“‘As to the second lesson, Shakespeare teaches that:

“‘There’s a divinity that shapes our ends,
Rough-hew them how we will.’

“‘Hippocrates thus admonished the students of Cos: ‘Life is short, art is long, the occasion fleeting.’ No one so fully realizes the truth and beauty of these terse aphorisms as one who has passed into his ninth decade. Life to him is but a half-remembered dream; art has been an ever-increasing pressure upon his energies, occasions improved or lost are joyous or sad memories.

“‘The art of prolonging life has been the study of the ages, and innumerable are the methods proposed. But no one plan of living, no one medicinal agent, has been discovered that insures perpetual youth. Heredity and the simple life give the best results. But there comes a time to every one, ‘whether soon or late,’ as Whittier wrote, when the fires of passion and ambition have burned out, the pulse slows down, the vital currents flow more and more sluggishly in their courses, and all the forces of nature tend to quietude, repose, rest. Happy the man whose life, whether short or long, is filled with honest efforts to cultivate every art that benefits mankind, and has seized every occasion to apply it where and when it was most needful and useful in uplifting the race. Then, ‘Or ever the Silver Cord be loosed, or the Golden Bowl be broken,’ he may, by grace, pass, with these last words of Sir Henry Irving on his lips, “Into Thy hands O Lord.’”

“This extract from the Medical Record of May 30 is indicative of a sturdy and serious life lying back of the story and making it possible. It covers over 60 years of medical life and service. He like our Dr. W. N. Wishard of Indianapolis has lived through an age of stupendous change and progress in material things. But life is just the same as of old. It is still the great business of learning how to do without and how decently to depart.

“There is really nothing new under the sun for the individual except the old hopes, the old joys and the old sorrows.

“These sketches were read at a dinner on the author’s 88th anniversary.”

PRACTITIONER.

RA SITUATION.

reported as having developed in the
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t number.

5, 1911, by telegraph, to quarantine
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Ezdorf reported August 11 the ar-
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e crew, and 18 cabin and 681 steer-
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eriologically and that the boatswain
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nbers of the crew August 14.

S FOR HYPODERMIC USE.

mand for sterile "ready-to-use" solu-
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in a form that would make their use

"Sterilized Solutions and Glaseptic
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ns which it is prepared to supply.

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the inconvenience attaching to the
ver an emergency calls for its use.

of established purity and strength.
file by means of which the neck of
may be readily broken off, thus open-
ypodermic syringe is used. To with-
rted to a point about midway of the
le is held in a vertical position; by
ble, we are told, to the "last drop."

Our readers are advised to consult the display announcement of these sterilized solutions appearing in the advertising pages of this issue of *Southern Practitioner*, which gives a complete list of the preparations as well as some important suggestions for their use.

AMERICAN PROCTOLOGICAL ASSOCIATION.

We have given considerable space this month to the "Abstract" of the papers read at the recent meeting of this live, progressive and practical organization of Specialists. The symposium or series of papers on the subject of Constipation is well suited to the general practitioner, and in other of these abstracts will be found items of importance to all who are engaged in medical practice, whether specialist, surgeon or general practitioner. In all of the papers will be found practical points that should be of interest to the medical reader. This organization is not a large one, but makes up by its earnest and persistent work for its limited membership. The field for Proctologic work is not very large, and the specialists in this line are, as a rule, restricted to the larger populous centres, and opinions from those who limit their work to this specialty cannot but be of interest to all engaged in medical practice, anyone of whom may at any time be called on for aid in rectal pathology.

LIPPINCOTT'S BIG SEPTEMBER NUMBER:—The recent substantial increase in the size of *Lippincott's Magazine* affords room for an alluring table of contents this month. The complete novel is by Carolyn Wells, whose detective stories are live matter all through, as is proved by the tremendous sales of her latest book, "The Gold Bag." On its heels comes this new novel "His Hand and Seal," published complete in the September *Lippincott's*. Its scenes are all right in New York City; and you will welcome the familiar and magnetic *Fleming Stone*, the detective, who is again to the fore in telling fashion. The plot is ingenious enough to baffle the most acute, and up to almost the very last question "Who did it?" will not down.

The eight short stories show both humorousness and humanness.

Forbes Lindsay's long stay in South America, and his return at a critical time, enables him to give some snappy facts in his paper on "High Lights of South America." "Amateurism in Sports," by Dr. Luther Halsey Gulick, offers some plain truths as to athletics in general, and especially in our colleges. That these are justified you will concede after having read the article.

"Walnuts and Wine" are many pages of new jokes for you to finish up with.

CYSTOGEN-APERIENT (GRANULAR EFFERVESCENT SALT).—This product is an excellent example of that type of worthy proprietary medicines which cannot be extemporaneously compounded and can be manufactured only by skilled chemists with the full facilities of a large laboratory. The formula has always been open to the profession and the advertising has been free from the objections so often urged against proprietary medicines. It is not presented as a saline purgative, but as a rational therapeutic aid wherever treatment is based on *elimination of waste products*. The formula shows that each teaspoonful contains

Cystogen ($C^6H^{12}N^4$) gr. v.
 Sod. Phosphate..... gr. xxx.
 Sod. Tartrate..... gr. xxv.

Cystogen-Aperient, it will be seen from the above, combines the laxative and tonic properties of sodium phosphate and tartrate with the urinary-antiseptic and solvent action of cystogen.

DANGER DUE TO SUBSTITUTION.—Hardly another of all the preparations in existence offers a wider scope to imposition under the plea of “just as good” than the scientifically standardized Eucalyptol. The most recent fraud practiced in regard to this product is an attempt to profit by the renown of the firm of Sander & Sons. In order to foist upon the unwary a crude oil, that had proven injurious upon application, the firm name of Sander & Sons is illicitly appropriated, the make-up of their goods imitated, and finally the medical reports commenting on the merits of their excellent preparation are made use of to give the desired lustre to the intended deceit. This fraud, which was exposed at an action tried before the Supreme Court of Victoria, at Melbourne, and others reported before in the medical literature, show that every physician should see that his patient gets exactly what he prescribes. No “Just as Good” allowed.

SUMMER DIARRHEA.—As it is generally accepted that milk should not be given during the acute stages of summer diarrhea, it is necessary to select some diet other than milk that will furnish enough easily assimilated nourishment to carry the baby through the critical period. The form of this nutrition should be such as to prevent the destruction of the body proteids; otherwise, the baby patient is likely to undergo starvation to such an extent that the chances of recovery are much lessened. These requirements are fully met by the use of a diet of Mellin's Food and water.

Maltose, the predominating carbohydrate in Mellin's Food, is a proteid sparer, and this together with the amount of soluble proteids and the total food value in Mellin's Food prepared with water as di-

rected is a safeguard against prostration—so much feared in cases of infantile diarrhea.

Physicians desiring suggestions regarding the regulation of an infant's diet to meet these conditions, may obtain such information by writing the Mellin's Food Company, Boston, Massachusetts.

THE "CITY" ANEMIC:—The hard hum-drum city life, especially of those whose days are spent indoors, in offices, bending over desks, ledgers, and school books, is almost certain, sooner or later, to leave its traces upon the man, woman or child thus unfortunately situated. General sluggishness of metabolism, due to indoor confinement in a vitiated atmosphere, and lack of exercise, is followed by failing appetite and later by degenerative blood changes of anemic nature. While Pepto-Mangan (Gude) cannot, of course, remedy the cause of the anemia and general devitalization, it almost always assists materially in overcoming the anemic blood state, increases appetite and acts as a real tonic and general reconstructive. As Pepto-Mangan (Gude) is free from irritant effect upon digestion, it is readily borne and quickly absorbed and assimilated, and as it is non-astringent it does not cause or increase constipation.

PROMPT RELIEF IN SCIATIC PAIN:—In reporting his experience in the treatment of sciatica, Fred E. Davis, M.D., writes in *Annals of Gynecology*: "I have been giving antikamnia and codeine tablets a thorough trial in the treatment of sciatica and I must say that my success has been phenomenal indeed. I have also induced two other physicians to give them a trial and their success equals or surpasses my own. I meet with many cases of sciatica and before adopting antikamnia and codeine tablets I used a great deal of opium and morphine to relieve the pain. Since then, I have not given either. One of my patients had been confined to bed for three weeks during her last attack of sciatica. I prescribed one antikamnia and codeine tablet every four hours and in forty-eight hours she was up and about and has not felt the pain since."

TUBERCULOUS TAINTS:—Cotton seed oil has proven a very valuable tissue nutrient in patients with a "tuberculous taint." When it is remembered that cotton seed oil possesses pronounced nourishing properties, probably much more so than any agent now employed for the purpose, its power to add strength to weak tissues and overcome a tuberculous tendency will be appreciated. The best mode of use of cotton seed oil is its emulsion, known as NUTROMOL (Brown's Cotton Seed Oil Emulsion).

FITIONER.

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drop a request to the Nottoc

STABILITY:—The popularity of
ly active and palatable, is as-
is nothing to be sought. These
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r:—When the nerves are in a
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PASSIFLORA INCARNATA
more potent than chloral and
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reputable physician upon re-
el, Atlanta, Georgia.

com Dr. Lydston, he says that
mon, and one W. J. Jackman.
low to Get Them,' of which I

am alleged to be a joint author, is, so far as the use of my name is concerned, a forgery. All persons selling or circulating same, or advertising or reviewing the book in connection with my name, do it at the risk of legal complications."

WHO'S LOONY NOW?—"This division of the women's ward," said the asylum guide, "was made necessary by the new style in skirts."

Looking in, the visitor saw a number of women in queer, bifurcated garments parading up and down the room.

"These patients," continued the attendant, "we call our pantalunatics."—*September Lippincott's*.

The preparations of "PEPSIN," made by Robinson-Pettet Co., are endorsed by many prominent physicians. We recommend a careful perusal of the advertisement of this well-known manufacturing house. (See ad. page 15).

SLEEPING ON A FULL STOMACH is the title of an article by Dr. G. Henry Bogart, in *The Med. Council* for August. As a rule, in the hot nights of August and other summer months, we prefer a cotton-top mattress.

Reviews and Book Notices

HIERONYMUS FRACASTOR'S SYPHILIS, from the Original Latin. A translation in prose of Fracastor's immortal poem. Printed on hand-made Imported paper; Library Binding. Crown Octavo. The Philmar Company, Medical Publishers, Fidelity Building, St. Louis, Mo. Price \$2.00.

Although this is a small volume, it is a "classic," and we are fully confident that our readers will find it intensely interesting, being as it is, an excellent translation in prose of Hieronymus Fracastor's famous Latin poem, "Syphilis sive *Morbus Gallica*," his masterpiece published in Venice in 1530.

Born in 1483, and died in 1553, attaining his three score and ten years, Fracastor was still a child when the "French Disease" first made its appearance in Europe. However, he did not attribute the disease to the invasion of Charles VIII., but regarded it as much more ancient in its origin, although the designation yet extant—"syphilis" was due to him.

I PRACTITIONER.

with mythological allusions **it** at-
ription of the symptoms **of** the
hout the erudition of its **author**,
he importance of the subject, as
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"606" or *Salvarsan*, his observa-
t be deemed obsolete. However,
e following quotations: "**At** all
the attractions of love; **nothing**
nd your kisses would taint the
is with a detestable contagion."
ave this: "First of all here is a
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ar, of minium, of antimony, and
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other method of which mercury
referable. As a fact, the **action**
is marvelous, either because its
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that which gives to incandescent
arked than that of a light flame;
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dorsement of what has been for years and ages our most reliable curative remedy, but is a somewhat early—yes- very early foreshadowing of our present knowledge of infection and infectious diseases.

However, time nor space will permit a more extended notice of this charming classic of nearly four centuries ago; suffice it to say, that it will prove of interest to both “specialists” and general practitioners, and consequently we can and do most cordially commend it to the favorable consideration of our readers. Eloquent, melodious and beautiful, Fracastor’s hexametrical writing embodying his views on “Contagion” stands well in the front with the world’s great poems, and has earned for its author eternal fame. It was from this poem that the term Syphilis had its origin. It was prophetic; and verily, he wrote more wisely than he knew.

His graphic but concise description of ptyalism on page 42, following a free and full mercurial inunction is as follows: “Very soon you will feel the ferments of the disease dissolve themselves in your mouth in a disgusting flow of saliva, and you will see the virus, even the virus, evacuate itself at your feet in rivers of saliva.” In the next paragraph he refers to the small ulcers that develop in the mouth. It is, indeed, a book well worth reading, even in this day of many books.

SEMI-CENTENNIAL MEMORIAL. The Photographic History of the Civil War, in Ten Handsome Volumes. Francis Trevelyan Miller, Editor-in-Chief; Robert S. Lanier, Managing Editor, pages 10x7½ inches in size. Vols. II, III and IV. The Reviews of Reviews Co., New York Publishers. 1911.

Receipt of three additional volumes of this truly magnificent production, dealing photographically, as well as literally, with the History of the most remarkable period of our great and now united country, fully justifies our most cordial reiteration of our words of commendation of the first volume made in our June number.

While, Vol. I. covered the rising of the curtain on that

great theatre of War that overspread our land, Vol. II. contains the central Act in this great but terrible drama, and is entitled "Two Years of Grim War." Vol. III. covers that important period between the first moves against Lee by Grant (May, 1864) and Appomattox, comprising a series of battles bitterly contested, and very properly but briefly described in the volume title, "Decisive Battles," since from that time on, it was only a question of time, skill and bravery on both sides, before the preponderating weight of Northern resources and advantages could and would inevitably crush the greatly reduced and impoverished Confederate States. In this period we have a delineation drawn to the line of the terrible conflicts and combats between matched armies, while both Federal and Confederate troops, each alike hopeful of the triumph of their almost superhuman efforts, prayed, struggled and contested for the cause to which had been pledged all the power of soul, mind and body.

Each of the remaining seven volumes will severally deal with a special side of the great conflict: cavalry, soldier life, the navy, forts and artillery, prisons and hospitals, with other important features to be separately treated. Volume IV. deals with "The Cavalry," and is edited by Theo. F. Rodenbough, Brigadier General U. S. A., retired; its contributors being General Rodenbough; Chas. D. Rhodes, Captain, General Staff, U. S. A.; Holmes Conrad, Major Cavalry Corps, Army of Northern Virginia; and John A. Wyeth, M.D., LL.D., Captain Quirk's Scouts, C.S.A.

The four volumes received amply show that we will have in this important work of ten handsome and beautifully printed and splendidly bound volumes "thousands of scenes photographed from 1861 to 1865, with text supplied by many special authorities." Here you get thousands of photographs of the Civil War *taken during the conflict*; every right hand page is devoted to photographic prints—and many pictures cover both right and left hand pages. The text pages, beautifully decorated, contain a unique story of

the war, written by and under the auspices of such men as Francis Trevelyan Miller, Editor of the Journal of American History, Henry W. Elson, Historian, Gen. Chas. King, Gen. Greely, Admiral Chadwick, Gen. Sickles, Gen. Marcus J. Wright, Maj. Gen. Frederick Dent Grant, Prof. Trent of Columbia, Prof. Mallet of the University of Virginia, Prof. T. S. C. Lowe and many others.

This is no story written merely by bookish historians; it is written by men who know the game of war, men who have fought—and it is balanced by work of men who know the theory—who know the exact details and the figures. It is a story *written by a great committee of representative Americans*—soldiers, naval men, veterans, historians, teachers.

And so in these volumes as you turn from page to page, picture follows picture in overwhelming richness, variety and novelty, even the text pages stand forth beautifully with their decorated borders—and as you look you will say with us—“a unique thing—like nothing I ever saw before.”

LECTURES ON PRINCIPLES OF SURGERY, by Stuart McGuire, M.D., Professor of Principles of Surgery and Clinical Surgery, University College of Medicine, Richmond, Va.; 8 vo. cloth, pp. 480. Southern Medical Publishing Co., Baltimore, Md. Publishers, 1908.

This most excellent work is a series of Lectures based on standard authorities, and while intended for the use of students will prove of no little value to the general practitioner, containing, as it does, the most recent views of surgical pathology. The order and system of its arrangement, the clearness and conciseness of its text are most admirable, especially considering its remarkable full and comprehensive scope; the entire ground of Surgical Principles of so great importance to both student and practitioner having been fully covered by its very able and efficient author.

While great progress and advancement has been noted in all lines of medical practice, this may be truly considered a *surgical age*, and while the surgeon in all his operations is twice a general practitioner—when preparing his patient for operation, and in his after-treatment—his success in all

ely due to a correct knowledge of the Prin-
y. The first lecture is a most excellent con-
e Theory of Disease; the next three being
ical Bacteriology; the following twenty to
he general pathological conditions; and the
of the fifty Lectures goes fully into a study
pathology, symptomatology, diagnosis and
sical surgical conditions, the latter conclud-
ectures on Aseptic Surgical Technique, one
nd Anesthetics, and one on the Influence of
onditions on the Result of Operations.
e, the author states that "In preparing the
the text-books of Senn, Nancrede, Warren,
Systems of Surgery edited by Keen, and
k have been freely consulted."

Selections

OF TYPHOID FEVER IN THE ARMY BY VAC-
the distribution of public document, H. R.
y-first Congress, 3rd session, a great service
ed the medical profession.

t is a report of Major F. F. Russell, of the
ment of the United States Army, and de-
dy and a wide circulation by reason of the
he subject.

formed medical man knows typhoid fever
e disease, when such measures as a pure
ean and proper distribution of milk, filling
wamps, closing shallow and polluted wells,
and properly protected food stuffs, togeth-
usion of flies and insects with the eradica-
eding places, are adopted. The adoption of
has greatly reduced the number of cases of
well as reduced the mortality rate.

s are being enforced more or less now where

health officers are active, but such measures of municipal and State sanitation are problems requiring civic activity and public education and for that reason are, necessarily, slow in results.

In a military service, the safe-guarding of troops is a different matter, especially with troops in the field. The camp today may give place to another on the morrow; executive medical officers charged with the selection of camp sites, the choosing of a water supply, etc., frequently become careless or delegate their duties to men in the ranks, who have no incentive to perform additional service; consequently, sinks are not properly cared for.

The bacillus carrier is the greatest enemy to troops in camp, and epidemics may occur despite the most careful attention.

Russell shows in the Boer War the British had 31,000 cases, with 5,877 deaths; in the Franco-Prussian War there were 73,396 cases with 8,789 deaths among the Germans alone; in the Civil War in this country there were over 80,000 cases in the Northern Army; in the Spanish War there were 20,738 cases with 1,580 deaths out of a strength of 107,973 men, a rate of 86.24 per cent. of the entire mortality of the War.

Reference is made to the number of cases reported in civil, as related to the number occurring in garrison life during the time of peace; here Russell writes: "In other words, a man who enlists in the army and serves in a garrison in the United States, is only about half as liable to become infected as if he remained at home."

Although the morbidity as well as the mortality rate of typhoid fever, as shown by reports from those States where registration is compulsory, has, during the past two or three years, been greatly reduced, still the rate is far in excess of what it should be.

When the exigencies of the service in their bearing upon this disease, and the impossibility of executing required sanitary measures are considered, especially during the

nobilization of troops in practice camps, or even in active hostilities, protection of the largest percentage of the strength becomes impossible. More noticeable is this with the National Guard or volunteer troops. Here Russell states: "There is nothing which answers these requirements as well as anti-typhoid vaccination, since this measure, by increasing the resistance of the individual to infection, operates under all conditions and at all times, no matter how adverse the circumstances."

Vaccination against typhoid fever is a simple operation and as easily performed as vaccination against small-pox; the sequelæ are shorter in duration, the protection which it affords is as efficient, and time alone will tell the length of time the immunity lasts.

The early history of anti-typhoid vaccination shows the first experiments in this line of study were made by Frankel and Simonds in 1886, in experimenting upon rabbits. Pfeiffer and others, in 1893 and 1894, discovered the nature of the immunity against typhoid. The first experiments in immunizing men, however, were not made until 1896. Wright published a paper on this subject one year later.

Objections were made to a general adoption of this preventive measure, owing to doubts regarding the efficiency of the inoculation. These objections soon disappeared, and at this time even the laity in India have made the anti-typhoid vaccination popular, after having seen the wonderful results obtained with it in the British Army.

The method employed in the United States Army is to give a dose of 500,000,000 dead bacteria in one-half cubic centimeter of sterile salt solution, preserved with tricresol; the second and third doses are double this amount. 1,000,000,000, in one cubic centimeter of fluid, and are given ten days and twenty days later. The injection is made with a sterile hypodermic syringe, into the subcutaneous tissue over the insertion of the deltoid, the skin having first been prepared by washing with tricresol and soap, and the needle

puncture is then cauterized with liquor cresolis compound, or it may be sterilized with tincture of iodine, usually applied with a small brush, which is again wiped over the puncture, thus sealing the opening. The inoculation is often followed by a smarting pain, lasting a few minutes. The resulting reaction varies from none to more or less severe. About 60 per cent. of all inoculated show no reaction: less than 1 per cent. show severe reaction. In those cases where a reaction is found, the symptoms resemble very closely the prodromal or onset symptoms of the disease. An officer the day after his first dose, remarked that had he not the vaccination to blame for his unpleasant feelings, he would certainly have gone to bed and sent for a doctor. This man had suffered from an attack of typhoid fever three years previously.

After the first dose, the reaction will appear within twelve hours, and pass off within twenty-four to seventy-two hours. All of the onset symptoms of typhoid have been noted, and a fever as high as 103 degrees has been recorded.

Antityphoid serum will retain its potency for three months; after this period of time has elapsed, it will gradually become less efficient and should not be used.

In the employment of this vaccine, a safe preventive against typhoid fever has been found and when it has been generally adopted, the morbidity and the mortality of typhoid fever will become so far reduced, that one of the stigmas against cities and small villages will disappear.

As a preventive measure there is no doubt. As a curative agent, there is still room for knowledge, which will be gained from further experience in its employment. Its greatest blessing to mankind, however, will be in its virtue to cure the chronic bacillus carrier, that walking incubator of the disease, and a scourge to the human race, if such powers can be discovered for the inoculation. In any event, the observations which have so far been recorded prove it a harmless agent.—*Va. Medical Semi-Monthly.*

PHILOSOPHY OF LIFE.—Did it ever occur to you that a man's life is full of crosses and temptations? He comes into the world without his consent and goes out of it against his will, and the trip between is exceedingly rocky. The rule of the contraries is one of the features of the trip.

When he is little, the big girls kiss him; when he is big the little girls kiss him.

If he is poor, he is a bad manager; if he is rich, he is dishonest.

If he needs credit, he can't get it; if he is prosperous, everyone wants to do him a favor.

If he is in politics, it is for graft; if he is out of politics, he is no good to his country.

If he doesn't give to charity, he is a stingy cuss; if he does, it is for show.

If he is actively religious, he is a hypocrite; if he takes no interest in religion, he is a hardened sinner.

If he gives affection, he is a soft specimen; if he cares for no one, he is cold-blooded.

If he dies young, there was a great future before him; if he lives to an old age, he missed his calling.

If he saves money, he's a grouch; if he spends it, he's a loafer.

If he gets it, he's a grafter; if he can't get it, he's a bum. So what's the use.—*The Petroleum Idea.*

THE SALT SHEET IN REDUCING NIGHT SWEATS:—Dr. T. H. Whiting of Rockford, Ill., tells of a remedy that will relieve night sweats which he considers the treatment par excellence. He continues: "I have tried many remedies, but that which follows, called 'Salt Sheet,' prepared by immersing the sheet in a solution of chloride of sodium, is far superior. Make the solution just strong enough as to taste the water slightly salt. Then dry the sheet thoroughly, and wrap it next to the skin on retiring for the night. It will reduce fever and induce sleep. I have succeeded with it when all other remedies failed."—*Medical Brief.*

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EDITOR AND PROPRIETOR

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Original Communications.

THE TREATMENT OF SYPHILIS.

BY A. FRANK GLENN, M.D., OF NASHVILLE, TENN.

It is interesting to note how nearly we approached the proper remedies for the treatment of syphilis, years before the germ of this disease was discovered, or the so recently hoped for "Balm of Gilead," SALVARSAN, was introduced. Twenty-five years ago I taught that syphilis was due to a specific virus which was capable of affecting any tissue in the body. We also taught that we had only one medicine which was antidotal to the syphilitic virus, namely Mercury. We also taught that iodine was not an antidote to the syphilitic germ, but aided the action of mercury by keeping it in a state of perfect solution throughout the entire system,

thereby insuring its full action and constant elimination. We further taught that where skin lesions or even nerve lesions were obstinate to mercury with iodides, a most satisfactory result could be obtained by adding Fowler's Solution of Arsenic to the mercury and iodides.

It is with much satisfaction that I recall many apparently marvelous cures accomplished by the administration of mercury, iodide of potassium and Fowler's Solution combined. After the discovery of the *Spirocheta Pallida*, it was soon proven that mercury in the form of calomel ointment thoroughly applied to the point of inoculation in monkeys, would invariably prevent the appearance of chancre or any future manifestations of syphilis. It was thus scientifically demonstrated that mercury is an antidote.

I would impress upon your minds the fact that failure in treating with mercury and iodine, have been usually due to haphazard, unscientific and routine methods of administration of the remedies. It is not enough to say "Give mercury for syphilis." To get its full benefits, which is in many cases most wonderful, it is necessary to consider carefully many things. The particular preparation of mercury which is best suited to an individual case, the manner of its introduction into the circulation, the proper dose for each patient, the correction of concurrent diseases or existing conditions or habits which tend to lower the vitality of the patient.

In other words, the patient undergoing a course of mercury must observe such rules of hygiene as will keep his blood and nerves to as near a normal standard as possible. He must absolutely abstain from all alcoholic drinks; he must use tobacco very moderately, better not at all. His bowels should be regulated; his skin should be kept in good condition by hot baths; his teeth should be cleaned, decays filled, and afterwards kept clean. In other words, everything must be done during the time set aside for the eradication of syphilis to keep his system as near to normal physical conditions as possible.

As to the proper preparations of mercury and the methods of administration, I cannot too heartily condemn the routine practice of general practitioners, at least the vast majority, of giving the proto-iodide tablets. After many years experience with various preparations of mercury, I feel sure that we can hope for less good from proto-iodide than any other preparation. Did time permit, I could relate many interesting failures of ready-made, proto-iodide pills, where other preparations of mercury properly administered, succeeded well. As to the method of administration, I have been fully convinced for some years that we get a better effect from any medicine used hypodermically than by the stomach. At the present time, therefore, I never give mercury any other way if at all possible. Again, I am positive that after the system is brought well under the influence of mercury, better results are obtained from its intermittent administration, than from its continuous, uninterrupted use for two or three years. When all of these things are carefully considered and carried out, when the physician guides his patient over the sea of syphilis with the same scientific watchfulness that the mariner steers his ship across the ocean, we get as brilliant and satisfactory results with mercury as with any remedy known as yet.

Again, since Ehrlich has introduced his Arseno-Benzol, it has been scientifically proven that it destroys very rapidly the germ of syphilis. So we see that while we had only clinical medicine to guide us unaided by the microscope or the Wassermann blood test, yet we were on the right track in using mercury and arsenic as the only medicines in treating syphilis. Today, in the light of scientific proofs, the same remedies stand out alone as the only weapons in our hands to combat the dire and baneful effects of this most dreadful malady. When Ehrlich first announced the effects of Salvarsan, (606), to the medical world, it at first seemed as though we had a remedy with which we could destroy all of the spirochetes with one full dose. But, alas, to our ardent hopes, we now know that one dose will not

effect a permanent cure in every case. Yet no remedy has been used for syphilis that will so quickly cause syphilitic lesions to disappear. Its action is, in many cases, little short of miraculous. If the spirochetes should reappear, a second, or a third, or a fourth dose may be used, thereby insuring the absolute eradication of the disease from the system. With Salvarsan, we can, with absolute confidence, say to the spirocheta, "Thus far shalt thou go, but no farther!"

We are often asked by patients, as well as physicians, if it is not a dangerous remedy. I can answer that no better than to repeat my answer written to a patient in Florida. My answer was this:

"Morphine is dangerous, chloral is dangerous, strychnine, chloroform and cocaine are dangerous, when used improperly. But when used proper and on the proper subjects, they are not dangerous, but are capable of producing great good. The same may be said of Salvarsan."

I have heard of two deaths produced by it in two neighboring States. Yet, the fault was not with the remedy, but with the doctor. In one case the full adult dose was properly prepared in the afternoon and one-fourth of it used on a child. The remainder was set aside and used on a man the next afternoon. Result—cure of the child—death of the man. In the other instance, the doctor boiled the Salvarsan in a tin pan, which caused a chemical change in the compound which produced death in the patient. In order to get the brilliant results of this wonderful remedy it must be prepared properly and used at once. And again, it must be used only on properly selected cases. Persons affected with disease of the optic nerve, or serious organic lesions of the heart or kidneys, are not proper subjects on which to use this remedy. Yet our old, reliable, tried and true friend, mercury, can be used under all circumstances. So, while we formerly had practically to rely on mercury alone for the final cure of syphilis, we have now another most potent remedy to place by its side.

There are, in my opinion, two types of cases in which one full dose of Salvarsan will accomplish a permanent cure. The first are those cases we see immediately after the appearance of the chancre, before the system is thoroughly and completely saturated with the spirochete.

The second class embraces those cases which have had a course of mercury extending over a period of two or three years, and in which there is still a trace of the poison, as shown by the Wassermann test. But in those cases where the disease is flourishing in its well advanced secondary stage, I believe it will require usually two, three or maybe four doses, to effect a perfect cure. I realize fully, however, at the present time our opinions can only be conjectural, and that time alone can prove how correct they may be.

While we may not be able in every instance to completely cure syphilis with one dose, yet I believe that with Salvarsan and mercury in our hands, we can place our heel upon the head of the serpent and hold him inert until the last quiver of his caudal extremity indicates his certain death.

GALLSTONES AND MORPHINISM.

BY WILLIAM F. WAUGH, A.M., M.D.

Professor of Therapeutics, Bennett Medical College; Secretary Consulting Staff Cook Co. Hosp., Chicago, Ill.

A lady, the wife of a physician, came to me from the east to be relieved of the morphine habit. She had contracted this in her early youth. Each time she attempted to break loose from the domination of the drug, the pangs of gallstones drove her back to its shelter. Her heart was weak and its rhythm disordered. Nevertheless, although over forty years had elapsed since she had passed a day without morphine, she faced the expected ordeal with a courage and determination that won the admiration of all.

Treatment commenced the day after her arrival, on which

she received two-thirds of the daily allowance of morphine she had been taking. On the next day she received one-third, and this was all the opiate she received. Each of the withdrawal symptoms that usually appeared was forestalled or promptly allayed by treatment. On the second day a copious flow of bile began, so profuse that despite every effort to flush the bowels, it regurgitated into the stomach and caused vomiting. This is certainly unpleasant, but our experience has been that no cases do better than those with whom this copious flow of bile occurs. It seems as if in these the toxins dammed up in the body by morphine are mainly stored in the liver, and as it discharged them the whole system is freed from the incubus.

This flow of bile continued for nearly a week, with lessening nausea. Contrary to the rule, there was no development of a wolfish appetite following, but the stomach remained delicate, and indisposed to take or retain food. There is usually one exception in such cases, and in this instance the patient could take with relish buttermilk, or milk prepared with the Bulgarian ferment, as presented in Galactenzyme tablets. This she was allowed to take whenever she desired.

At no time in her treatment did she suffer from sneezing, yawning, sweating, or any other of the ordinary withdrawal symptoms; and most notable of all, she never once manifested that indescribable nervousness that patients almost invariably declare to be worse than any pain. It is the rule to have them say that while they haven't an ache or pain, can sleep quite enough and eat their meals with relish, still, any pain would be welcome to relieve this sensation. This lady did not pass a night without sleep fully sufficient for her needs and comfort.

But how true it is that the devil does not willingly relax his clutch upon his victims. Just as the nausea was subsiding and we were looking for a phenomenal cure, she began to suffer from soreness and pain in the region of the gall bladder, a decided trace of bile appeared in her

urine, and we faced the presence of an infective cholangitis. Actual hepatic colic had not begun but the symptoms betokened its rapid approach.

The patient was given granules containing glonoin, hyoscyamine and strychnine arsenate, one-fourth milligram each, one to be taken every half-hour until the mouth dried and the face flushed slightly, and afterwards one granule whenever these evidences of action began to subside. These were given to relax the spasmodic contraction of the biliary ducts, by which the calculus is clutched and its extrusion impeded. Very few of these granules were needed, as this spasmodic condition was as yet only threatened.

The pathological condition presenting was the cholangitis, and for this I determined to employ a remedy scarcely known to the profession, but which has given me encouraging results in a series of mild cases. This was dioscorein, an extract or concentration from the wild yam, *Dioscorea villosa*. This plant has been utilized largely in mixtures designed to relieve dysmenorrhea, but its action has been obscured by the conglomeration of numerous other remedies with which it is administered. Giving it alone, it has seemed to act well in biliary-duct inflammations, like that under consideration.

The lady was given a centigram of dioscorein every hour, except when asleep. The rising malady was checked, began to subside, and after three days was so evidently under control that the dioscorein was reduced to three centigrams before each meal. From that on the patient's convalescence was uninterrupted. Appetite gradually returned, although she was still delicate in eating and quickly satisfied, her strength improved, and sleep was prolonged to the full normal period for a woman.

One notable point in this case was the excellent morale displayed. She was happy, hopeful, docile, and never during her treatment intimated in the slightest way any desire for her drug. That frightful condition when the patient's mentality is so permeated with it that she thinks morphine,

her body so trained to it that the metabolism is **sustained** by morphine, might have been expected in this case, **but** did not appear. After a stay of four weeks she returned **to** her home, well, happy and *free*.

It seemed to us that in this case the infective cholan**g**itis was met and subdued by dioscorein. I am at a loss **to** see how this can be proved. Even if the pharmacologist succeeded in securing dogs in the earlier stages of this **malady**, and apportioned the doses to canine conditions, **there** remains the difficulty of ascertaining with scientific **accuracy** the dog's sensations, and his assurance as to the **degree** of pain endured each day. Granting that an experienced observer may justly rely upon his own proficiency **in** interpreting tail-wags, how is he going to translate them into such data as will withstand the criticism of truly scientific colleagues? The safer course undoubtedly is to **assert** that dioscorein is inert and the observation erroneous.

NEUROSES OF THE STOMACH.

BY W. T. MARRS, M.D., OF PEORIA HEIGHTS, ILL.

By this term we may include all those disturbances **of** digestion in which there is not evidence of any anatomical lesion of the stomach. In other words, neuroses are **functional** ailments as opposed to organic. That stomach **neuroses** are common as well as varied in character and **the** degree of intensity is not unnatural when we consider **the** fact that the chief organ of digestion is a network of **ner**ves, both cerebral and sympathetic.

The main functions of the stomach are those of **secre**tion, absorption and motion, all dependent upon nerve **ac**tivity. If these three functions are not maintained **in** a fairly-balanced manner or there is over-activity of any **one** of them, certain digestive disturbances are likely to **ensue**. Under normal conditions a goodly portion of our **food** is absorbed by the stomach due to a natural functioning **of** the cells of the mucous membrane and also of the blood.

Vomiting. Mechanically the act is due in the man to abdominal pressure and as one advances in years with the development of more fat in the abdominal muscles the tendency toward emesis lessens. The vomiting center is in the medulla and it seems that emetics act mainly upon this center after they have passed through the blood. The sensibility of the stomach varies widely in different individuals. The person in whom this viscus is normal is not conscious of it except when highly irritating or toxic substances are introduced into it.

Hyperesthesia. This is a disturbance in sensation manifested by a feeling of fullness and tension about the stomach and is often accompanied by vomiting and nervous symptoms. Patients are likely to complain of heat or cold, gnawing, pulling or burning about the stomach. This condition has been called "irritable gastric dyspepsia." It is very common in hypochondriacal men.

Idiosyncrasies. Closely associated with hyperesthesia is the condition produced by certain foods upon some individuals. Oysters, lobsters, salt meats, strawberries and many different kinds of vegetables may produce in susceptible persons an erythema, urticaria, pruritus or mildly toxic symptoms of a different character.

Bulimia. Excessive and unnatural hunger is usually transitory but may exist for some time. Many persons have this condition in a mild degree and to miss a meal at the regular hour means to invite an attack of sick headache. It is a condition that may accompany diabetes, suprarrenal disease, tuberculosis, hysteria and sometimes thyroid disease. Somewhat analogous to bulimia are the perverted appetites occurring during pregnancy and in mental disorders.

Anorexia usually goes with all forms of dyspepsia or it may exist singly as a neurosis. The sufferer from anorexia may sit down to the table with a good appetite, yet all at once his aversion to food may overcome him. A great many individuals confess that they never become hungry, and

partake of food mainly through habit, and because others do. This condition occurs typically more often in women and may follow grief or other form of overpowering emotion. A loss of appetite quite common in men these days is known as *psychasthenia anorexia*. If inhibition of the natural appetite prevails for some time a pathological condition is sure to be superadded.

Gastralgia. Many pages might be written on the many types of gastralgia as well as its varied etiology. The peptic and hydrochloric acid glands are temporarily off duty and often adventitious acids and gases are formed. The symptoms which call for treatment are pain and nausea and sometimes distressing reflex irritations. Indiscretions of eating and drinking may provoke an attack, but it often occurs without apparent good cause in neurotic men and women.

Hyperacidity. An increase in the secretion of hydrochloric acid above the normal amount. It is a well-known concomitant of neurasthenia. It is, of course, a question as to what constitutes the normal amount of hydrochloric acid, but when it is 60 to 70 percent in a given case it may be considered one of hyperacidity. It is one of the features of gastric ulcer. The excessive acid causes hyperesthesia, the clinical symptoms of which are pain in the epigastrium, acid erustations, pyrosis, gastralgia and other forms of gastric derangement. Hyperacidity constitutes a good many cases of so-called "dyspepsia." The tongue is usually clean and the appetite unimpaired. Mental over-exertion and profound emotional troubles predispose to it.

Eructations. This may occur in hyperacidity or fermentative conditions. Hysterical women sometimes form the habit of belching in a frequent, explosive manner. The air thus expelled is often previously swallowed and in some cases it arises from the intestines.

Pyrosis indicates the raising of sour masses from the stomach and is usually spoken of by the patient as heart burn. It is partially due to a motor irritation of the stomach as well as to a hypersecretion.

Atony of the Stomach. This often accompanies other gastric disorders, but may occur primarily as a neurosis. It is mainly a weakness of peristalsis, but in turn it depends considerably upon lowered secretory action. Atony is a rather elastic term and many forms of indigestion may be covered by it.

Treatment. Measures should be directed toward improving metabolism when this is at fault, and in toning up the nervous system. Iron and arsenic may be of value in some cases. Artificial digestants of a suitable kind are indicated until the stomach has gained its normal secretory tone. One of the best remedies of this class is peptenzyme, it being the nucleo-enzymes of the peptic, pancreatic and splenic glands. Two or more tablets may be given about meal time and this proves a most valuable aid to digestion as well as arousing and toning all the alimentary secretions. If the hepatic function is sluggish small doses of calomel may occasionally prove serviceable.

The diet is of much importance and only nourishing and easily digested food should be taken. A greater quantity of food can be taken by keeping the secretory action of the stomach as nearly up to the normal as possible. Coffee, tea and alcohol should be left off or at least indulged in very sparingly. If constipation is a troublesome feature the bowels may be kept open with cascara sagrada. In very stubborn cases the rest cure in addition to the above remedies and suggestions may be attended by good results.

NEOPLASMS WITHIN THE SKULL; THEIR EARLY DIAGNOSIS AND SOLE TREATMENT.

BY TOM A. WILLIAMS, MB. CM. EDIN.

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The treatment of intracranial tumors is at present in the same false position as was that of appendicitis some

fifteen years ago. At one time all cases and even now most of them die without receiving any real treatment; for the giving of potassium iodide is merely ritualistic. No case is recorded in which a post mortem has proved that a non-specific growth had been cured by drugs. As short of surgical removal only death is to be expected, the term "expectant" applied to other treatment is a misnomer unless the expectancy refers to the patient's certain death. Temporary improvement, whether spontaneous or from narcotics or potassium iodide, does not justify postponement of the only real treatment. It would be as reasonable to postpone an appendectomy because of the comfort a victim might derive from opium.

Even in most of the cases which do come to operation, careful clinical investigation reveals an unequivocal history of intracranial diseases, often of several years duration. It is our duty to find out and enunciate the earliest signs which point to intracranial neoplasms, in order that we may bring to the patient, before he is hopelessly moribund or permanently damaged, that relief which can be obtained in only one way; I refer to surgical removal of the growth.

This is my own firm opinion; but the words are a condensation of those of Sir Victor Horsley delivered in October, 1910, to the German Society of Neurology, at Berlin. I am the more impelled to quote them here because of the recalcitrance which I have encountered regarding my urgent advice to operate upon a number of cases about which I have been consulted in Washington. In no single instance has my advice been followed; and the patients have all died, with the exception of one seen only a few weeks ago, and of another of which I have lost sight.

Before relating a few of these, it is good to emphasize the symptoms* which should create suspicion of a cerebral

*See "Disorders of Cerebellar Apparatus," Arch of Diagnosis, Jan. 1910; "A New Sign to Measure Dysergia," Quart. Jour. Med. Oxford July, 1910; "To Test Visual Colour Fields Without Perimeter," J. A. M. A., 1911, Vol. I; "Diagnosis of Intra Cranial Neoplasus," Lancet-Clinic, 1910.

tumor. Fine focal epilepsy is the most striking of these. Bravais-Jacksonian attacks are rarely due to other than local irritation. The diagnosis of epilepsy and the exhibition of bromides in such cases denotes an ignorance utterly unjustifiable at this day. Such a case should be at once examined by some one versed in neurological technique. By refined measures of diagnosis, signs may be elicited by which an interpretation can be made and a surgeon can then be called in at a time when a growth can be removed with certainty and without danger. The same remarks apply not only to focal epilepsy but to any focal symptom at all. Thus, slowly progressive or recrudescent paralysis strongly indicates neoplasm, when granulomata are excluded. Slight losses of the attitude or muscle sense in one hand are similarly significant. So also is diminution of the other sensibilities. General or partial dystaxia or dysergia should always be investigated from this point of view. Slight differences or irritations of the special senses are the earliest symptoms of some cases. Aphasia of different types may be the first symptom. All these, *in the early stages*, have great focalizing significance. But it is not sufficiently realized that certain forms of mental dullness, of amnesia, of emotionalism and changes in character are of localizing import as regards the destructive or irritative effects of a tumor of the frontal lobe.

Now, when one of these symptoms is found and a neoplasm is suspected, it has been the procedure to wait for signs of cerebral compression before resorting to operation. The absurdity of this ante-diluvian attitude should heed neither indication nor insistence, but that both are required is shown by my experience in Washington. An analogy will make it clear. Suppose that a surgeon before removing a diseased appendix were to wait for perforation, peritonitis and abscess formation; does any one suppose that the mortality from appendicitis operations would be negligible as at present? Would not such a diagnostican be a laughing stock? Again, if the removal of carcinomata of the breast was always delayed until glandular involvement assured

the diagnosis, would not their fatality approach 100 per cent? I doubt if the surgeon who awaited this kind of certainty of diagnosis would ever find a case to operate upon.

Now, the neoplasms found within the cranium are often benign; and none of them have the malignancy of mammary carcinoma. Moreover, many of them are diagnosticable while very small, on account of the functional responsiveness of the tissue they invade. Hence, their operability, technical difficulties apart, should be more hopeful than that of cancer of the breast, bowel or uterus. Again, the subarachnoid sack is a less delicate structure than is the peritoneum, and the brain is less easily traumatized than are some of the structures of the abdomen. Hence, the technical difficulties are largely mechanical; and, indeed, many of them are already overcome by the labours of Horsley, Krause, Cushing, and others.

Hence, explanatory operations within the cranium are no more dangerous and no less justifiable than they are within the abdomen, always provided that sufficiently precise indications can be furnished the surgeon by the diagnostician. These are now available; and have been laid down by myself and others, following such authority as Burns, Oppenheim, Duret, Horsley, Collier, Allan Starr, Mills, Spillar, Cushing, and others. It is only by their utilization that it is possible to detect an intracranial growth before an extensive destruction of tissue has occurred; and it is only then that an operation can be successful in so far as complete restoration of function is concerned, and that is what should be aimed at by every physician. Even when the opportunity for intervention is too late to restore function, however, a proper operation can nearly always prolong or even save life.

The corollary of these propositions is that drug or expectant treatment is utterly unjustifiable; for the only eventuality to be expected from such measures is the patient's incapacity and death.

Case 1. Woman about 50, seen with Dr. Gerry Morgan, who suspected some cerebral trouble because of his failure to prevent recurrent vomiting. There had been severe headache, staggering gait and fainting spells. I found the woman in bed somewhat dazed. Memory was much impaired, and she had to search for her words. There was no word deafness, nor aphasia, properly speaking; but incoherence had appeared now and then. I found a complete left lateral homonymous hemianopsia, but no contraction of the colour fields other than this. The pupils reacted to light. There was marked oedema of both optic papillæ. There was slight nystagmus on the lateral movement of the eye balls. The attitude sense of the right hand was impaired. There was a right facial paresis, but no other motor loss. The gait was not cerebellar, and hardly uncertain. The plantar reflexes were in flexion. The Achilles reflexes were diminished, the right being almost absent. The right patellar reflex was weaker than the left. The brachial reflexes were absent, as was the right abdominal reflex.

On account of the headaches, projectile vomiting, amnesia, difficulty of speech and choking of the optic discs, I believed that there was a growth and that it was in the right occipito-temporal region on account of the left lateral homonymous hemianopsia. I advised operation, to be preceded by a few day's further observation and study to define the locality still more precisely. But the next day I was suddenly again called to the case. We found the woman curled up upon the left side, stuporose and vomiting. On examination, the plantar reflex was now in extension. The pupils were more contracted but reacted fairly well. There was no further modification of sensibility, as far as could be found. We had taken with us Dr. Wellington, realizing in advance the need for urgent operation; but we did not decide whether to decompress in the subtemporal region or to uncover the seat of the growth. However, the decision was never needed for the family summoned a for-

mer attendant, who, in turn called in two other consultants whom he well knew would discountenance trephining; and the patient was allowed to die, which she did shortly afterwards.

Case II. Referred for opinion and care by Dr. Carl Henning. Complains of feelings in the head "as if twisting around," for over three years. The vision has been much dimmed. She has had convulsions, which she cannot describe, severe frontal headaches, stiffness and pain at the top of neck behind. Slight nausea, occasional dizziness. On examination, I found a commencing atrophy of the optic disk, with a swelling of about one diopter. Great asthenia. An uncertain, staggering gait, not cerebellar in type. Great slowness of thought and speech, with incapacity to remember details clearly. No apraxia could be elicited. Rotation tests were negative. The deep reflexes were exaggerated, but plantar flexion was prompt and complete. The smell was defective in the left nostril; and the sound of the Weber tuning-fork test was lateralized to the left. No other sensory modifications could be ascertained.

Without observation or actual description of the convulsions, localization could not be precise; but that there is a growth present needs no argument; and that it is in a frontal lobe is to be presumed from the convulsions, obnubilation, the site of the headache, the staggering gait not of cerebellar type and the negative rotation tests. The presumption that the growth is in the left frontal lobe would be rendered certain or not by the observation of one of the convulsions, and perhaps by a study of the nature of the amnesia.

The explanatory operation gives the certainty of great relief, and the possibility of extirpation of this growth and cure of the patient. This was arranged for, but before it could be done, the patient's husband wrote that she was under other care and that he did not desire it; and she has passed from observation.

Case III. A woman 55. The family physician relates

that two or three years ago he diagnosed "petit mal." During the attacks, a cold sensation mounted the limbs of the left side, and she fainted. She had dizzy attacks, headaches, false reminiscences, left hemiparesis and weakness of memory. A year ago a consultant took charge of the case. He informs me that the unconscious attack lasted only a few seconds, and was not followed by dullness; and that the left-sided paresis became worse and better by turns; and that expulsive vomiting had been recurring for some time, and that she was disorientated and confused, and that the pulse rate varied markedly. No diagnosis had been made.

The relation of these signs itself points most strongly to intracranial neoplasm; and an explanatory operation would have been justifiable upon them alone.

Sensibility. Upon examination, I found an impairment of the attitude sense on the left arm and enlargement of the circles of Weber on both hands, forehead and tongue. Hypæsthesia too cold on left lower leg and toes. No marked impairment of vision or restriction, nor inversion of fields, and no œdema of the optic papillæ. Sometimes, she confessed to smelling a hop-like odor in the mornings. The deep reflexes were all exaggerated, the abdominal reflexes were absent and the left plantar was incomplete.

Motility. The motility was in general feeble; and her mental state prevented quantitative reliable tests. There was distinct facial asymmetry, left side being weak. There was no strabismus, nystagmus, or inequality of pupils. The diadocokinesis was impaired, especially on the left. The contra-lateral synergic response was diminished in the left lower limb. The attacks occur after a headache and a creeping, numb feeling in the back of the neck, the arm and leg, which lasted for a few days. No dyspraxia could be elicited.

Intelligence. Mental hebetude was distinct. For example, she called a quarter a nickle; although she disproved asteriognosis by declaring that she felt the milling on the

edge. She was much disorientated, not even knowing the date or recognizing the people she well knew.

The findings in this case leave no doubt of some slow invasion of the right frontal lobe. Its nature can only be determined by exploration. An operation for the purpose would at the same time relieve the patient, even though an irremovable growth were revealed. I so advised; but it has not been done on account of the timorousness of the physicians in charge of the case, whose failure to make a diagnosis for two years is responsible for their own opposition to an operation now.

I could cite several other cases; but do not wish to prolong an argument which should be already so clear as to admit of no misunderstanding, and the conclusion of which I may restate as the "imperative necessity of an early neurological examination of any patient complaining of vague intracranial discomfort." Symptoms loosely called neurasthenic or hysterical, progressive weakness, clumsiness, or dulling of sensibility in any part of the body, nausea and dizziness, dimness of vision not due to refractive errors, especially if evanescent, peculiar subjective sensations of taste and smell, mental dullness, loss of memory or change of disposition. It is only by this means that the surgeon will gain access at a period early enough for extirpation of an intra-cranial neoplasm.

AMERICAN PROCTOLOGICAL SOCIETY.

THIRTEENTH ANNUAL MEETING, HELD AT LOS ANGELES, CAL.,
JUNE 26 AND 27, 1911.

(CONCLUDED FROM SEPTEMBER NUMBER).

PRURITUS ANI, WITH REPORT OF CASES.—*By Donly C. Hawley, A. B., M. D., of Burlington, Vt.*—In this discussion I do not refer to cases due to intestinal parasites, errors in diet, etc., in which the pruritus is relieved by proper attention to the causative condition, nor so much to the

symptoms as to the pathologic condition of the skin and nerve endings, which condition is pathognomonic.

The nearly constant local cause of pruritus ani is abrasion and ulceration of the anal canal, accompanied by blind sinuses underneath or fissures in the mucocutaneous lining.

Further, some cases are associated with chronic proctitis, which may be a factor in producing or increasing the anal abrasions or ulcerations.

The treatment I have adopted is as follows:

With the patient well anesthetized, the anal canal is dilated, and the ulceration, together with the sinuses and fissures, are thoroughly cauterized with the Paquelin cautery, and also the entire area of chronic dermal inflammation.

My aim is to destroy ulcerated areas, the thickened and altered skin and the pathologic condition of the terminal nerve fibres.

CASE I. S. H. E., aet. 62, came under my observation June, 1908. He had suffered with rectal troubles for 45 years. Twenty years ago he was operated on for fissure or fistula—was not certain which. He has had almost intolerable pruritus for eight years, and for the past year it has been so constant and unbearable, especially at night, that he has become a nervous wreck, and has lost 40 pounds in flesh and has been unable to continue his business.

Diagnosis:—Chronic pruritus ani. The skin was inflamed, sodden and thickened over a large area about the anus, with many deep cracks, and four or five ulcerations and abrasions in anal canal.

Treatment as outlined. Result, cure and no return up to present time.

CASE II. W. A., male, aet. 38. History of pain in rectum for 20 years, and of severe and intolerable pruritus.

Diagnosis:—Chronic pruritus ani.

There was a large ulceration in anal canal and three or

four blind sinuses, with an area of white brittle and infiltrated skin with large cracks about anus.

Operation, same as in Case. No. 1. Result, cure.

Other cases less severe have been operated upon during past three years, with satisfactory results.

The treatment outlined is not new nor original, having been advocated by Mr. W. Mitchell Banks, and practiced by Mr. Fred C. Wallis.

Ball's operation is designed to render anesthetic the skin over the undercut area.

The operation described accomplishes the same end and besides destroys lesions in anal canal.

The former operation has resulted in extensive sloughing. To the latter no such danger attaches.

INTESTINAL STRICTURE FOLLOWING ILEO-RECTOSTOMY; REPORT OF A CASE WAS READ.—*By Frank C. Yeomans, M. D., of New York City, N. Y.*—J. X., a man 46 years of age, was always strong and well, but suffered from severe constipation of many years standing. In October, 1909, an anterior sigmoidopexy was proposed for "prolapse of the sigmoid." Temporary relief followed, but three months later "peritonitis" developed. The same surgeon operated again, freed numerous adhesions, divided the ileum just proximal to the colon, closed the abnormal end and implanted the oral end of the ileum into the rectum. Relief of the constipation was prompt, but when he first consulted Dr. Yeomans, in July, 1910, it had returned in an obstinate form with all the symptoms of a marked auto-toxemia superadded.

The proctoscope passed easily, but no opening could be discovered in the rectum or the sigmoid. An excellent radiograph, by Dr. L. G. Cole, proved the colon and sigmoid to be unobstructed.

Concluding that the feces, following the path of least resistance, were accumulating in the colon, Dr. Yeomans did an appendicostomy at the New York Polyclinic Hospital, December 16, 1910. Irrigations through the appendix relieved all symptoms for ten weeks. Constipation and

toxemia then returned, however, and he performed an exploratory laparotomy March 14th, 1911. The ileum ran down into the left side of the pelvis and was lost in a mass of dense adhesions. A broad lateral anastomosis was made between the ileum, just above the adhesions, and the sigmoid. The patient reacted well from the operation, but developed a double pneumonia, 18 hours later, to which he succumbed on the fifth day. The urine was suppressed the last 24 hours of his life. The bowels moved on the second day, and, thereafter, three or four times daily. At the autopsy no peritonitis was found. The specimen removed, consisting of ileum, sigmoid, and rectum intact, showed perfect union of the recent lateral ileo-sigmoidostomy. The remarkable feature of the old end-to-side ileo-rectostomy was that the opening was so constricted that it would scarcely admit a 16 F. catheter and physiologically amounted to a stricture.

The noteworthy features of this case were:

1. Reverse peristalsis of the colon, evidenced by the large quantities of feces expelled by the irrigations through the appendicostomy.

2. The radiograph was valuable in demonstrating a patent sigmoid and colon, thereby proving that the obstruction was in the small intestine.

3. Failure of the proctoscope to reveal the site of the opening does not discredit the diagnostic value of that instrument, but shows the extreme degree of contraction of the opening.

4. The many actions of the bowel signify clearly that the physiological function would have been permanently restored had the patient survived the pneumonia. The practical lesson derived from a study of the case is that lateral anastomosis is superior to end-to-side union, especially in the presence of inflammation.

SYPHILIS OF THE ANO-RECTAL REGION.—By Lewis H. Adler, Jr., M. D., of Philadelphia, Pa.—The author related the history of two cases of syphilis, in which no outward

visible effects of the patient's grave condition existed, except about the anus. In both instances, the anus was surrounded by syphilitic condylomata; the parts were bathed in a fetid sero-purulent discharge and the patients' mouth was affected with mucous patches. In one case the patient was markedly improved by the use of salvarsan, and the other one improved under the ordinary mercurial treatment, but disappeared from observation before a cure could be effected.

The writer then took up the consideration of the usual manifestations of the disease affecting the localities under consideration, stating that the primary lesion—always a chancre—occurs about the anal region much more frequently than is usually supposed. That chancre of the rectum proper, in this country, is a very rare occurrence. Where sodomy and other unnatural vices are practiced, infection may, and, possibly does occur with greater frequency. That females are oftener affected than males and while the occurrence of the initial lesion about the anus or within the rectum of men, is always positive evidence of sodomy; in women, the possibility should be remembered of the infection of these parts arising through contact with the male organ, or from the vaginal discharge.

That the diagnosis of all doubtful cases of syphilis can now be definitely determined when the patient's blood shows a positive Wasserman reaction and by finding the presence of *sphirocheta pallida*.

Attention was called to the fact that cases of ano-rectal syphilis develop the usual symptoms of the disease as when it affects other parts of the body, and, next to the mouth and throat, the anus is the most frequent site for mucous patches.

Attention was called to the hereditary or congenital form of the disease; and, among the tertiary lesions, the following principal varieties were enumerated: Gummata, destructive ulceration, stricture, ano-rectal syphiloma and proliferating proctitis.

The article concluded with a brief consideration of the

treatment of the disease, in which attention was directed to the necessity of care being exercised in looking after the hygiene in all its phases; that the constitutional treatment of the disease should not be commenced until a positive diagnosis is established; that as no one form of mercury, or any one of the various methods of its administration may be employed successfully in all cases, the individual requirements of each person should be the guide.

Ehrlich's remedy—Salvarsan—had in several instances been employed with excellent results, but the author would not depend upon its employment alone, believing that mercury should supplement its use.

In the use of salvarsan, it was advised that no one treat patients with it, except those specially trained in its preparation and administration.

FOREIGN BODIES IN THE RECTUM.—*By. T. L. Hazzard, M. D., of Pittsburgh, Pa.*—The paper consisted mostly of a recital of four recent cases of foreign bodies in the rectum. Two were in children, in which the substances were accidentally swallowed, and the others were adults who introduced the bodies directly into the rectum through some perversity:

Case 1.—Baby girl, two years old. Referred for dysentery of three months' duration. The chief symptoms being bloody stools, mucus and tenesmus. No digital or other local examination had previously been made. Examination with the little finger showed the presence of something lying across the bowel, low down. A guarded pair of scissors was introduced and this body was easily cut in half and removed. It proved to be a match, or at least, nearly two-thirds of one. Although the ends of this match were firmly fixed in the sides of the intestine, no abscess followed. Recovery was rapid and uneventful.

Case 2.—Boy, a little older than the first case. The symptoms, condition and procedure were the same as the preceding case, but the foreign body was a bone from a frog's leg.

These cases show the necessity for rectal examinations. In one case a bacterial microscopical test had been made but was rather misleading than otherwise.

Case 3.—Self introduction into the rectum of a prescription bottle, a "Baltimore oval" 3 oz. The mouth was upward. After considerable trouble it was removed by means of a blunt hook. It had been in the bowel for three days. No anesthetic necessary. The case progressed without any untoward incident. He gave no reason for his action, and no questions were asked, as he would not have told the truth.

Case 4.—Adult, aged 45. Had been a cow-puncher. At present has no occupation. Came from Allegheney General Hospital. Examination showed the presence of a very thin beer glass, 2 inches wide at the top, and 3½ inches tall. Sphincters contracted. No bleeding and but little discomfort. In attempting to remove it, it was broken. After it was extracted there was considerable bleeding from the rectum. He developed pelvic peritonitis and a rather large tumor developed in the left iliac region. This passed away and he was discharged in about three weeks, not altogether well of the pelvic pains.

General treatment in all cases was rest in bed, with frequent washing of the bowel with a 1 per cent. solution of creoline and normal salt.

THE LIMITATIONS OF THE USE AND THE METHODS OF EMPLOYING LOCAL ANESTHESIA IN RECTAL SURGERY.—*By Lewis H. Alder, Jr., M. D., of Philadelphia, Pa.*—The author, quoting from a recent article of a distinguished proctologist states: "Patients seriously object to a general anesthetic and because of this and the fact that most minor ano-rectal operations can be painlessly performed under local anesthesia induced by sterile water, or a one-eighth of one per cent. eucaine solution, I have discarded general narcosis in about eighty per cent. of my rectal operations."

In taking exception to this general statement he questions the wisdom of sending it broadcast and advocating a method which in the hands of one not particularly skilled

in rectal work would in his opinion only lead to disaster.

He calls attention to the water logging of the tissues, when sufficient anesthetic be used, whether cocaine, eucaine, sterile water, or other agents, and to the subsequent retarding of the recovery of the patient and the danger of hemorrhage from allowing patients to be about on their feet, citing a case which proved conclusively the force of his arguments.

The author claimed a thorough understanding of the underlying conditions can rarely be made without the aid of general anesthesia. The latter when administered by a competent anesthetizer is not attended with any more danger or risk than the indiscriminate employment of local anesthesia.

He calls attention to the fact that it is essential to remove the anesthetic when the sphincter is divulsed, as deep inspiration thus induced would cause too much of the drug to be inhaled suddenly, and might cause alarming or fatal results.

Rectal diseases, which may be treated under local anesthesia he considers under two divisions: (1) Those admitting of office treatment; (2) Those requiring treatment at home or in a hospital.

In the opinion of the author external piles or other excrescences around the anal region, some fissures-in-ano, and abscesses (of not too large an extent), are the only affections coming within the range of operations which can with propriety be performed in the office under local anesthesia. He warns the operator that trivial fistula, often have diverticulae and are not readily discoverable except under general anesthesia.

Under the second heading he speaks of internal colostomy and internal hemorrhoids and warns the operator that the temperament of the patient must always be taken into account. Highly nervous patients will not stand manipulation of the intestines and the abdominal muscles are apt to be rigid.

The author mentions the different drugs used in local

anesthesia, the vibratory method of Hirschman, the methods used in getting the parts anesthetized and the after treatment.

The trend of the article is not to throw cold water on the valuable procedure of local anesthesia, but to insist that the cases must be suitable and in the hands of men of experience.

Editorial.

EUTHANASIA:—HAS ONE A RIGHT TO END A HUMAN LIFE?

The death in August, last, of Sister Sadie S. Marchant, a Shaker, at Kissimmee, Fla., followed by the revelation that her death had been caused by the administration of chloroform by Sister Elizabeth Sears and Bro. Egbert B. Gillette, also Shakers, who claimed that they could no longer witness the sufferings of Sister Marchant, who, evidently, in their opinion, could live but a very short time, occasioned considerable comment in the secular press. The *New York World* interviewed a number of prominent citizens of that metropolis, including some members of the medical profession, inquiring as to the right to end a human life. Some have, and others now believe that there are circumstances which justify and call for euthanasia, or the kindly putting to death of those who are doomed to torture from which dying is a happy release. Time and again brave men have killed those they loved best in the world to save them from falling into the hands of enemies of a savage race. Wounded soldiers falling in a retreat before Indians in the old days regularly implored their comrades to end their lives that they might not meet the fate the Indians were certain to mete out to them.

Among those who believe that mercy demands the kindly death stroke sometimes are many doctors and lawyers, but most of them hesitate to express an opinion which can so easily be misunderstood.

However, the following is the result of the *World's* investigation:

Magistrate Joseph E. Corrigan said that he distinguished between the legal and the moral aspect of the question. Killing in any sense or circumstances was wrong legally, but what might be legally wrong could be morally right. But euthanasia was so big and difficult a subject that it might be impossible to hedge it around with such safeguards that the morally right could be made legally right.

District Attorney Charles S. Whitman, on the other hand, was bitterly opposed from both the legal and moral standpoint. He said:

"As a matter of public policy I should strongly oppose the idea that it should be legal to end the sufferings of those doomed to death. As a matter of fact nobody knows or can know with certainty when all hope is gone. So long as there is life there is always a chance.

"Morally I feel that since no one can give life nobody should have the right to take it. Philosophically I can appreciate the desire to end the appalling torture that sometimes befalls those we love, torture from which there is no apparent escape but death. But even if it could be philosophically right, I should oppose it, since it would be extremely dangerous for the commonwealth to give any individual such a privilege."

Doctors in general are against it. It is part of modern practice never to give up hope, so they say.

Dr. Howard Lilienthal, of Mount Sinai Hospital, who has performed remarkable operations on the human lungs and restored health after all hope has been abandoned, said:

"A doctor should not kill a patient under any circumstances whatever. There is absolutely no condition in which there is no hope until the patient is dead."

Dr. John Woodman, of No. 56 West Fifty-sixth street, an authority on anæsthesia, said: "People should not take their own lives; therefore they ought not to take the lives of others."

But Dr. W. J. O'Sullivan, of Broadway and One Hundred and Fifty-third street, an authority on medical jurisprudence, took the other view. At the same time he said he felt euthanasia could never be made legal. He said:

"I am convinced there are many causes in which there can be no shadow of doubt that the sufferer should be given the relief of death. In cases of hopeless injuries, in certain stages of cancer and tuberculosis, in cases of hydrophobia developed beyond all hope, euthanasia would be more than justifiable. It is simply brutal to let a person go on suffering when there is no hope. In some countries, notably in Japan, this is recognized and euthanasia is practiced.

"The danger is that it could be taken advantage of by unscrupulous persons. Again, cases would give rise to painful suspicion. I mean suspicion which would fall on those having part, and which might ruin their lives. It has been suggested that the decision could be left in the hands of a board of, say, three doctors. But people would be very chary of entrusting three doctors called, it might be hazardedly, for similar power has been misused in the past, especially in connection with lunatic asylums.

"Then in the advocacy of such mitigation of suffering, there would be met many difficulties on account of religious belief. Few yet think with Robert Ingersoll that an individual has a right to deprive himself of life. The majority would, therefore, be against depriving an-

other, and would always think there was a chance. The feeling, however, is surely growing that kindness demands that when a case is beyond our knowledge, and prolongation of life means only intense suffering and no gain to our knowledge for the benefit of others, the suffering should be put an end to."

Dr. S. Adolphus Knoppf, professor of phthisiotherapy, at the New York Post Graduate Medical School and Hospital, an authority on tuberculosis, very correctly said:

"I most thoroughly disapprove of any physician or layman cutting short a life even if it is that of a seemingly hopelessly ill person. I approve of the use of opiates for the purpose of relieving pain, which use often prolongs life, but I maintain that no one has a right to chloroform or otherwise drug a person so as to cause death.

"In tuberculosis it is not always easy to tell whether, or when, the disease will prove fatal. Seemingly hopeless consumptives have recovered to the surprise of their physicians, family and friends.

"If the law would sanction the taking of life when the patient found himself hopelessly ill and even when he was pronounced so by one or more physicians, murder under the pretense of scientifically chloroforming the hopelessly ill would surely be of frequent occurrence.

"The mission of medical science is to prevent disease, to save life, to heal, to alleviate suffering, but never to kill. I cannot express myself too strongly in condemning any such procedure as is reported to have taken place in Florida."

A later feature of this case is, that a post-mortem on the unfortunate sister showed that while she did have pulmonary tuberculosis, at the advanced age of three score and ten, the disease was not in a very advanced condition, and that she might have lived for quite a while. Well, we will await with no little interest to see just what the Florida courts will decide in this case.

MISSISSIPPI VALLEY MEDICAL ASSOCIATION.

We again desire to call the attention of our readers to the meeting of this live, progressive and very important Medical Association, which will be held in this city Oct. 17th, 18th and 19th, inst. We have just received a "proof-slip" copy of the completed program of the meeting, which differs but little from the "preliminary program," which we had the pleasure of placing before our readers in the July issue of this journal. Under the management of Dr. Tuley, the very able and efficient Secretary of the Association, the intellectual menu is most attractive; and from the Chairman of the Committee of Arrangements, Dr. Jno. A. Witherspoon, we learn that everything has been perfected looking towards a most agreeable, interesting and entertaining meeting. The General Sessions, the Medical Section and

the Combined Symposium of both sections will be held in the very beautiful and suitable Auditorium of the Young Woman's Christian Association; and the exhibits will be in the same building, on North Seventh Ave., between Church and Union Streets. The Surgical Section will hold its sessions in the Hermitage Hotel, corner North Sixth Ave., and Union St., which will also be the Association Headquarters.

On Tuesday evening, just after the Address of the President, Dr. Robt. H. Babcock, of Chicago, the Address in Surgery, by Jos. D. Bryant, of New York, and the address of Dr. J. C. Wilson, of Philadelphia, in Medicine, a reception with refreshments will be tendered the Association by the local profession, with possibly a "Smoker" on Wednesday evening. On Thursday afternoon the Association will visit the Hermitage—the home and last resting place of Andrew Jackson. The trip will be made by autos, and will afford our visitors a very charming view of a small part of this "Dimple of the Universe." While at the Hermitage an address on the life and services of "Old Hickory" will be delivered by Dr. Jno. A. Witherspoon.

MODERN LIFE-SAVING.

At the convention of the Foresters of America, recently held in Detroit, the order decided to establish tuberculosis sanitariums where the members of the order afflicted with the white plague may have treatment to check the disease.

This action is in line with that of many other secret and benevolent orders and should be taken by every organization which has the welfare of its members at heart. It is economy for all societies with an insurance feature to afford its members treatment which will result in saving many lives, but above all, it is in harmony with real fraternity, and carries out the spirit of brotherhood upon which all secret societies are organized.

With all the great societies of America caring for their members who may be affected by tuberculosis, a great impetus will be given the movement to check the spread of the dreadful malady and the tax on sanitariums supported by the general public will be lessened.

This is an age of disease prevention. The insurance companies, as well as insurance orders, are lending a hand in the crusade against disease. Frequent examinations are offered policyholders by the great companies that the men insured may have a better knowledge of their condition and be warned of any physical ailment which may threaten them.

Preventive medicine has gone far toward checking the spread of all sorts of maladies, and the recent development of the vaccine to prevent typhoid is probably the most important step taken along this

line since the perfection of the virus to prevent smallpox. **The** use of the new virus for inoculation against typhoid was shown **to be** a great success in the Texas camp where the United States **recently** had 25,000 persons encamped and only one case of typhoid **developed**. The European troops encamped in Morocco have had a **similar** experience and it now seems unlikely that typhoid can ever **flourish** again as it did in the camps at Jacksonville and other points **at** the time of the Cuban campaign. One person in five had the **fever** in many of those camps, a record which is almost unbelievable **in** the light of the figures from Texas.

CLINICAL OBSTETRICS.

Barton Cooke Hirst, M.D., Professor of Obstetrics in the University of Pennsylvania, has engaged in a very commendable effort to **improve** Obstetrical teaching in the Medical schools of the United **States**, and in furtherance thereof has sent out a circular letter to the **Secretaries** of the State Medical Examining Boards. We most **heartily** endorse the measure he advocates, and most sincerely hope **that** the Medical Examining Boards will give it their most favorable **consideration**. The matter is also well worth the favorable consideration **of** the Medical College Association. The substance of Dr. Hirst's **circular** is as follows:

"Of all branches of medical practice, it is **generally admitted**," he thinks, "by those who have investigated the subject, that young physicians are least well prepared in Obstetrics and that lack of **adequate** preparation in this branch is productive of more harm to the community than a deficiency in any other.

"The large Maternity hospitals of the country receive **every** year a number of unfortunate women in child-birth, fatally injured by inadequate or unskillful medical attendance, and the infant is **usually** destroyed with its mother. These tragedies, therefore, must **be** comparatively frequent throughout the country.

"Our medical schools have recognized of late, their defects in material and clinical equipment for teaching this branch and are **earnestly** endeavoring to remedy them.

"The best schools of the country demand of their students **personal** attendance on a certain number of confinement cases before **graduation**, although the number is small compared with the requirements of Europe, where forty to fifty cases are required before a candidate is licensed to practice.

"A Committee of the American Gynecological Society last year recommended that at least six cases should be attended, under supervision, by each undergraduate."

ROUTING THE HOOKWORM.

Remarkable progress has been made by the physicians of the South in eradicating the hookworm which has worked such harm among the poorer classes in the hill country and factory centers.

The conference of physicians just concluded in Nashville for the consideration of the anti-hookworm campaign brought forth facts concerning the wholesale treatment of the disease, which have hitherto been unpublished. Single physicians told of their experience in treating thousands of cases and disclosed how general the disease was in some sections. At the regular meeting of the Nashville Academy of Medicine, Tuesday, Sept. 19th, papers were read by Dr. Orr, of Alabama, and Dr. Breeding of this State, which were discussed by Drs. Olin West, Jno. A. Witherspoon, and others.

Up to this time the diagnosis of the disease has been the chief trouble. It has frequently been confused with lung trouble, malaria and other diseases which cause the patient to lose flesh and go into general decline. Through the assistance of such experts as those who gathered in Nashville, however, it will soon be possible for all physicians to diagnose the hookworm disease without fail.

The treatment of the malady is simple, but should never be undertaken without the advice of a physician. Thymol is given to kill the worms, which thrive in the small intestines. The ejection from the system can be accomplished without danger to the life of the sufferer under the direction of a skilled doctor who is experienced in the treatment of the disease.

It is impossible to estimate the commercial value to the United States of the hookworm crusade, inaugurated by Dr. Stiles, who attended the Nashville conference, and furthered by the funds given by Mr. Rockefeller. Thousands of men, women and children, who were weak and helpless as a result of the ravages of the hookworm, have been restored to health and enabled to become self-supporting. And the work is only begun. It will extend to all rural sections and relieve the suffering and poverty of thousands of miserable persons.

RHEUMATISM:—"Of the many diseases characterized by serious complications and consequences, acute articular rheumatism is one of the most important. Its frequency in children, its prolonged and painful course, and its tendency to produce permanent cardiac lesions invest it with gravity, so far as the future of the patient is concerned, which its low mortality during the attack does not materially mitigate. Carr says it should be considered next in importance to tuberculosis among the diseases of early life."

"Those under middle age are most frequently affected and epidemics occur quite constantly during the fall and spring months. The in-

fluence of season can be explained, in a great measure, by the effect of heat and cold upon cutaneous elimination. Those who in the past considered uric acid as the causative agent of this ailment were influenced a great deal by this and did not know that those retained toxic productions lowered the protective agents of the body and thereby lessened its resistance to infection. It is a well established therapeutic dictum that in toxic or infectious processes eliminative measures should be employed to increase resisting power. Phagocytosis and immunity bear a direct ratio and when lowered invite disease."

No eliminative will give more prompt and satisfactory results than Tongaline which has been used so successfully for nearly 30 years in the treatment of rheumatism, neuralgia, grippe, gout, nervous headache, malaria, sciatica, lumbago, tonsillitis, heavy colds and excess of uric acid.

DANGER DUE TO SUBSTITUTION.—Hardly another of all the preparations in existence offers a wider scope to imposition under the plea of "just as good" than the scientifically standardized Eucalyptol. The most recent fraud practiced in regard to this product is an attempt to profit by the renown of the firm of Sander & Sons. In order to foist upon the unwary a crude oil, that had proven injurious upon application, the firm name of Sander & Sons is illicitly appropriated, the make-up of their goods imitated, and finally the medical reports commenting on the merits of their excellent preparation are made use of to give the desired lustre to the intended deceit. This fraud, which was exposed at an action tried before the Supreme Court of Victoria, at Melbourne, and others reported before in the medical literature, show that every physician should see that his patient gets exactly what he prescribes. No "Just as Good" allowed.

LISTERINE is an efficient, non-toxic antiseptic of accurately determined and uniform antiseptic power, prepared in a form convenient for immediate use.

Composed of volatile and non-volatile substances, Listerine is a balsamic antiseptic, refreshing in its application, lasting in its effect.

It is a saturated solution of boric acid, re-inforced by the antiseptic properties of ozoniferous oils.

After the volatile constituents have evaporated a film of boric acid remains evenly distributed upon the surfaces to which Listerine has been applied.

There is no possibility of poisonous effect through the absorption of Listerine.

Listerine is unirritating, even when applied to the most delicate tissues; in its full strength it does not coagulate serous albumen.

For these purposes wherein a poisonous or corrosive disinfectant can not be safely employed, Listerine is the most acceptable antiseptic for a physician's prescription.

Listerine is particularly useful in the treatment of abnormal conditions of the mucosa, and admirably suited for a wash, gargle or douche in catarrhal conditions of the nose and throat.

In proper dilution, Listerine may be freely and continuously used without prejudicial effect, either by injection or spray, in all the natural cavities of the body.

Administered internally, Listerine is promptly effective in arresting the excessive fermentation of the contents of the stomach.

THE CHOICE OF AN ANTITOXIN:—No therapeutic agent which the physician uses today needs to be selected with greater care than the serums. These products must not only be individually specific, produced from specific germs or their toxins, but they must be pure—elaborated in the blood of perfectly healthy animals. The preparation of prophylactic and curative serums should never be intrusted to the inexperienced or to those who are hampered by lack of facilities. In choosing an antitoxin the practitioner should consider only serums of known reliability—products into which no element of conjecture enters. His own interests and those of his patient demand this.

With reference to diphtheria antitoxin it is noticed that Parke, Davis & Co., in their current announcements to the medical profession, feature both the "serum," which they have produced unchanged for many years, and the newer "globulins," the two products being presented apparently upon even terms, without favor or prejudice to either. In explanation of this the manufacturers point to a division of sentiment on the part of practitioners, some of whom indicate a preference for the older serum, while others favor the globulins. In point of efficiency the two products stand upon an equal footing, each being of definite antitoxic strength. Having no desire to influence the judgment of physicians, and in line with their well-established policy to meet the wants of the profession, Parke, Davis & Co., announce that they will continue to furnish both.

EXTERNAL EYE DISEASE: The most frequent forms of diseases of the eye are those located in the mucous membrane of the eyelids, (conjunctiva). When left alone they are not only a source of annoyance and suffering but often endanger the sight. The frequency of these external affections of the eye has made their treatment one of the richest mines for quacks from the oldest times. All general practitioners of medicine are frequently called upon to treat these diseases, which they can do successfully with perfect safety and not be under the necessity of sending their patients to the oculist. It

will be readily recognized from the formula of Palpebrine that it is composed of ingredients of no untried remedies, but of such as are entirely reliable in the treatment of all external eye diseases. No detrimental effects can come from its use *ad liberatum*. Palpebrine is superior in its action to the remedies now in use. It contains all the constituents of Aqua Conradi, which is recommended by the renowned professor of the Vienna University, Ferdinand von Arlt (see *Clinical Studies on Diseases of the Eye*, by F. Ritter von Arlt, translated by L. Ware, page 23).

The Dios Chemical Co., of St. Louis, Mo., will mail free sample with formula and literature on application.

THE RETURN FROM THE COUNTRY:—Almost every city family, whose exchequer will permit, is accustomed to spend a goodly portion of the heated term away from home. This is both natural and salutary, provided good judgment is exercised in the selection of the country place or summer resort, as regards its general healthfulness and sanitary environment. Unfortunately sanitation on farms and in rural communities is not always what it should be and the result is that many health and pleasure seekers return in the Autumn depressed and run down or perhaps infected with malarial or typhoidal poison. In other cases, especially at crowded fashionable resorts, because of the continual round of exciting amusements, some are tired and fagged out instead of rejuvenated as the result of their Summer's outing. Many are certainly in need of that general constitutional reconstruction and building up of force and resistance which is necessary to withstand the business or social strain of the fall and winter. In such cases there is no one single remedy quite as dependable as Pepto-Mangan (Gude). It increases appetite, restores strength and general vitality, reinforces the hemoglobin content of the blood and acts as a prompt and efficient general tonic and reconstituent for patients of all ages.

THE ALLEVIATION OF HYSTERICAL ATTACKS:—The physician who has moderated an hysterical attack has done his unfortunate patient and her family a service they will not soon forget, especially if he has employed a safe agent—one which will not fasten on the woman a vicious habit. *Passiflora Incarnata* (Daniel's Concentrated Tincture), or as it is now known to the profession, PASADYNE (a name adopted for convenience and to prevent substitution) has earned a splendid reputation as a calmative of much service in hysteria. It possesses every therapeutic property of chloral and the bromides, and has the added advantage of being entirely free from the dangers that attach to the use of these drugs. PASADYNE'S continued employment will not impair the gastric function, nor will it interfere

with any of the other vital processes. The most gratifying results may be expected from it in hysteria and allied conditions. A request for sample bottle coming from any reputable medical man will be honored by the Laboratory of John B. Daniel, Atlanta, Ga.

DOUBLE ELIMINATION.—Where the body is saturated with the waste-products of metabolism it is an important part of good medical treatment that these useless, harmful substances be thoroughly eliminated. The urinary system is a channel of evacuation, as well as the intestinal tract, and to free the system of toxic waste-products through both these channels is a logical procedure.

Defective elimination readily becomes a chronic condition since the toxemic patient lacks that initiative which is necessary to active physical exercise. A rational therapeutic treatment must be instituted while proper hygienic conditions are being re-established. In these cases, Cystogen-Aperient performs a double service by stimulating to normal function, and by disinfecting the urinary and intestinal tracts; Cystogen-Aperient (granular effervescent salt) combines the tonic and laxative properties of sodium phosphate and tartrate with the urinary-antiseptic and solvent action of Cystogen ($C^6H^{12}N^4$).

COTTON SEED OIL IN STRUMOUS STATES:—Of late years cotton seed oil, in the form of *Nutromul*, an emulsion containing a high percentage of the oil, has been extensively used in strumous states with most gratifying results. It possesses a higher food value than cod liver oil, and, as a rule, results from its administration are more prompt. *Nutromul* (Brown's Cotton Seed Oil Emulsion) is increased in efficiency by the addition of the hypophosphites of lime, soda and manganese, and without question, is one of the greatest reconstructives now at the profession's command. *Nutromul* is an ethical product and merits every physician's consideration. It is palatable and may be continued over long periods of time without provoking a disinclination for it. This last feature adds no little to its therapeutic efficiency, for agents of this character are frequently needed in women and children. The Nottoc Laboratory, Atlanta, Georgia, will gladly furnish samples to members of the medical profession.

THE LATE DR. FRANK P. FOSTER, OF NEW YORK CITY:—In his "Reference Book of Practical Therapeutics," compiled by our old friend, the late Frank P. Foster, A.M., M.D., we note the following: "Antikamnia Tablets have been much used and with very favorable results in neuralgia, influenza and various nervous disorders. As an analgesic they are characterized by promptness of action, with the advantage also of being free from any depressing effect on the heart. As an antipyretic they act rather more slowly than antipyrine, but

efficiently."

We are pleased at this expression of faith in the efficacy, promptness and absence of untoward after-effects of this most excellent remedy and we feel that the statement applies not only to Antikamnia Tablets, but also to Antikamnia & Codeine Tablets.

"A SAFE AND SANE FOURTH OF JULY":—The campaign for a "safe and sane" celebration of the Fourth of July has been effective of good results, as is indicated by the casualty statistics of the national holiday. In 1903 the number of Fourth of July accidents was 4,449, causing 446 deaths and 3,983 non-fatal injuries. In 1909 the number of accidents was larger, 5,092, but there were only 215 deaths. Since that time a greater number of cities and towns have adopted restrictive methods, and in 1911 the number of Fourth of July accidents fell to 1,603, causing only fifty-seven deaths and 1,546 non-fatal injuries.

THE WOMAN'S HOSPITAL in this city has an advertisement in this issue for a House Surgeon. A most excellent opportunity for a young doctor to obtain valuable clinical experience and acquire correct surgical technique. Apply to the Superintendent of the Hospital, or Dr. M. C. McGannon, Nashville, Tenn.

Selections

RESULTS IN TREATMENT OF GASTRIC ULCERS—The object of this paper is to study briefly the results of treatment of 78 cases of gastric ulcer, which have come under my observation during the past ten years.

I have divided this series here reported into two groups:

First.—The acute mucous or peptic ulcer or so-called "medical" ulcer.

Second.—The chronic indurated or callous ulcer, include 60-80 per cent. of all ulcers.

The term medical ulcer if applied exclusively to the acute is not correct, for both types of ulcers are amenable to medical treatment.

In discussing these cases I shall speak of clinical cures. This is an expression made use of by a number of observers and means that at the time of discharge from treatment

the ulcer is to all appearances cured; later developments may show by return of symptoms that the healing of the ulcer has not taken place. Hence the rule has been generally accepted by recent observers that no case of gastric ulcer should be reported as cured unless it can be traced and found to show no symptoms of relapse for at least two years.

Of the 78 cases here reported, 20 were of the acute type and 58 of the chronic type.

Of the 20 acute cases, 18 were dismissed at the end of treatment as clinically cured and at the end of two years fourteen cases had shown no symptoms of relapse.

Of this twenty cases there were two deaths and both due to perforation, and when seen in consultation one was in the terminal stage and operation was not advisable, and in the other case the family physician could not get assent to operation.

Of the 18 acute cases treated, all were given the usual bismuth cure.

Of the 58 cases of chronic ulcer, 37 were given the bismuth treatment and 33 were discharged as clinical cures, 10 showed symptoms of relapse within two years and there was one death from perforation, assent to operation being refused; the percentage of cures at the end of two years is 60 per cent. counting untraced cases as relapses.

Fourteen of the 58 chronic cases were given the combined oil and bismuth treatment and 14 were dismissed as clinical cures; 5 showed recurrence within two years; percentage remaining cured at the end of two years 61, counting untraced cases as relapses.

Five of the medically uncured cases consented to operation and were placed in the hands of surgeons, who did posterior gastro-enterostomy in four, with one death, while in the fifth case laparotomy was done, the edges of the ulcer inverted, serous surfaces brought together with Lemberts sutures and reinforced with a covering of omentum.

This patient made a good recovery. The percentage of cure for gastro enterostomy is 80.

Of the 78 cases 44 gave the history of having at some time had hemorrhage while 11 of the remaining cases were positive to the test for occult blood. There are, therefore, 23 cases which gave no history of visible or occult hemorrhage and this impresses the fact that the vomiting of blood does not occur in a large per cent. of cases, and that we must learn to recognize gastric ulcer in the absence of this symptom.

It is also to be noted that of the 19 uncured and relapsing cases only five were brought to operation, although surgical interference was advised in each instance.

Perforation occurred in three cases of the entire series; one in a child of eight years and two in adults. Of the two adults, in one perforation had taken place before admission and operation was refused, and in the other cases perforation occurred three days after admission. Laparotomy and inversion of the ulcer was done with recovery.

In all cases of active hemorrhage rectal feeding was given for ten days. In uncomplicated cases 6-10 ounces of plain or peptonized milk were given every two hours during the day and every three hours during the night.

It is often necessary to add lime water, citrate of soda or Vichy to neutralize the gastric acidity and to prevent coagulation in large masses.

After the first week in acute cases, whipped white of eggs and strained cereal gruels may be permitted. In many chronic cases these may be permitted from the beginning, along with beef juice or scraped beef. It is to be remembered that often owing to their excitant action on the gastric secretion, pain and discomfort are excited by the feeding of meats in certain cases.

The bismuth treatment consisted in the administration of 20-40 grs. of subnitrate of bismuth three times daily before food.

The bismuth and oil treatment consisted in giving the

bismuth as just mentioned and in addition one-half to two ounces of olive oil twice daily.

During the past year I have treated a number of cases simply by rest in bed and diet, and am convinced that in many cases that is all that is necessary.—*W. O. Nisbet, A.B., M.D., in Charlotte Med. Jour.*

TRUTH AND FICTION REGARDING SOME ANTITOXIN BUG-BEARS:—Shortly after the first curative injections of diphtheria antitoxin were made in 1894 and 1895, there appeared from various sources protests and warnings against the use of this serum. The medical journals of that time contained many exaggerated statements regarding untoward symptoms observed following antitoxin injections. Thus, diphtheria antitoxin was said to paralyze and disorganize the heart muscle and to produce disease of the kidneys. It is now well established that the cardiac paralysis is due to the poison of diphtheria and that the early administration of antitoxin is the most potent means to prevent this disaster. The same is true of the kidney irritation; this is almost invariably due to the poison of diphtheria and not to the antitoxin. Some writers saw danger of carbolic acid poisoning from the carbolic acid added to the antitoxin as a preservative. As these fears, one by one, proved groundless, they made way for other accusations not less grave in character. A great deal was written about the danger of air embolism arising from the possibility of an air bubble entering a vein during the process of injection. This danger is practically negligible as the amount of air which may accidentally enter a vein during an injection of antitoxin is very small, while it is known that a far greater amount is needed in order to constitute a source of danger in the shape of an air embolism. It is certain that this large amount is never injected with antitoxin provided the most elementary caution be exercised. Moreover, the danger of air embolism may be said to be present with the injection of any other fluid of similar bulk and consistence

as diphtheria antitoxin. In the entire experience of the Department, covering sixteen years, no case of air embolism following diphtheria antitoxin injections has been recorded.

Two dangers said to be connected with injections of diphtheria antitoxin have been brought forward within the past few years. They merit briefly separate consideration because of their comparatively obscure origin. We refer, first, to the so-called *status lymphaticus* and second to the phenomenon of *anaphylaxis*.

The term *status lymphaticus* is applied to a condition characterized mainly by persistence and enlargement of the thymus gland, associated frequently with a peculiar lack of development of the heart and arteries. It has been well established that individuals suffering from this condition are especially liable to die from infectious disease and are particularly subject to death from shock due to any, even trivial, cause. Of the cases of sudden death following antitoxin injections, a number have been instances of the *status lymphaticus* and it is evident, therefore, that this peculiar condition does constitute a danger to be reckoned with. So far as our own experiences in this city are concerned, it may be stated that from January 1, 1895, to April 1, 1911, more than 137,000 curative and immunizing injections of diphtheria antitoxin have been administered by inspectors of the Department of Health. The true number of injections is considerably greater, for many cases receive more than one injection of antitoxin. In only one instance was death caused by injection and this proved to be a case of *status lymphaticus*. Fortunately, the condition is very rare, for its diagnosis during life is extremely difficult. Certainly one case out of 137,000 is so small a proportion that it should never deter us from using the antitoxin when it is indicated.

Anaphylaxis.—It has been known for some time that when guinea pigs have been injected with minute quantities of horse serum, they would, after about two weeks, be highly susceptible to a second injection of horse serum. In fact, with the proper sized doses and a suitable interval, the

guinea pigs die within five or ten minutes after the second injection. These observations were very disquieting and at once led to further investigation. As a result of the latter, we now know that the severe symptoms and even the sudden death in guinea pigs are due to an anatomical peculiarity in the lungs of these animals. In other animals the symptoms produced under exactly the same circumstances, are very much milder in character. In man the only untoward symptoms produced by such repeated injections are peculiar eruptions on the skin resembling hives or measles or scarlet fever. These, however, while annoying are never serious, though their occurrence may lead to the incorrect diagnosis of scarlet fever or measles.

Death Following Injections of Antitoxin Usually Due to Diphtheritic Toxaemia.—As a matter of fact it is diphtheria itself which is usually responsible for the sudden deaths which follow the injection of diphtheria antitoxin. The train of events in such cases is often as follows:

The disease is discovered while the child is still up and about, yet the malady assumes a virulent aspect, with rapidly spreading local lesions and a profound poisoning of the system. A fatal attack of cardiac failure occurs. If this attack occurs before antitoxin has been given, it is likely that every one will say that antitoxin would have saved the patient had the disease been discovered in time. If the attack of heart failure occurs after the injection and because the injection came too late, the antitoxin is often blamed for the patient's death. Several such cases have occurred, two in this City within the past twelve months.

All this does not, of course, contra-indicate the need of taking every precaution in the injection of diphtheria antitoxin. The possible sources of danger are cited chiefly to emphasize the fact that under proper precautions, injections of diphtheria antitoxin are rarely or never followed by an untoward effect.—*Monthly Bulletin of the Department of Health of the City of New York.*

COOLING A HOSPITAL:—Charles E. Woodruff, in *American Medicine*, deplotes the frequency with which hospitals use ice for preserving bodies in cold storage in the morgue after they are dead, instead of keeping them alive by it, and declares that there is no earthly reason for this helplessness, when it is such a simple matter to cool the air of hospitals. The system is in perfect operation in other buildings and has been for many years. All that is needed is a "steam-coil" or "radiator" in which cold brine circulates instead of hot water. Instead of "radiating" heat, it is an "absorber," and the air forced around the pipes may be cooled to any required degree. Calculations show that what is described in the trade as "one kilo-watt ammonia compression set," is sufficient to cool from 95 to 55 degs. F., all the air needed to ventilate a twelve-bed ward, and can be installed on a base 10 feet square. The pumps and fans being run by electricity, there is no engine to bother with, and the ammonia which may leak out will not annoy us if the apparatus is in the basement. The air is damp when it leaves the coils, but it warms up en route to the room or can be warmed so as to be delivered dry. The coils, of course, drip moisture deposited from the air as it is cooled and can not be put in the living room. The air should be delivered near the floor, and the escape valves put at the ceiling for the warmed impure air.

The details can be worked out by any engineer or architect who knows how, and very short experience will show how to keep the room at any required degree. We can defy the death-dealing hot season, particularly in the case of the sick babies now slaughtered by every hot wave. From personal experience of the benefit of the very slight reduction of air temperature by storms in the tropics, the author has no doubt that if all tropical hospitals were so equipped the record of cures would be several times what they now are, and the home-going stream of invalids enormously reduced. Panama needs such rooms and so do the Philippines.

There is no reason indeed why we should not go to the

same expense in cooling our tropical homes as we do in warming our northern ones. Health would be preserved longer, if not indefinitely, if a northerner residing in the tropics, would have a cool shaded house to go to daily after several hours in the stifling heat. Such a life would not be so very different from the summer of the north, and being in a normal environment, his work and his thoughts would be far better than the neurasthenic output of old residents who always put off until tomorrow what need not be done today. Instead of four hours' keen mental work being the maximum for efficiency, perhaps clerks in cooled offices could be trusted to be accurate for six or seven hours as they are at home.

Tropical houses are built with the sole idea of obtaining through and through ventilation, no matter what the direction of the wind, as a very slight air movement makes it possible to endure quite a high temperature where a calm is stifling. Yet if we have means of ventilating with cold air, there is no earthly reason why the houses should not be as tightly built as those of the north. For hospitals the air cooling arrangement is imperative. Consumptives, for instance, should leave for the north the moment disease is discovered, but it frequently happens that a month is unavoidably lost waiting for a boat, and the author has seen cases die as a result, but they would be saved if placed in air as cold as that found best in the Adirondacks.—*Med. Standard.*

DIAGNOSIS OF PELLAGRA:—It is extremely important to make an early diagnosis of pellagra, in order to secure the best results from treatment. Cases treated early make the prognosis favorable. Though relapses are liable to recur months or years after recovery. One of my patients gave the history of an attack six years previous to my seeing her, from which she recovered and remained well until the final attack that caused her death. Neglected cases and recurrent attacks, make the prognosis grave, and most of

them die. Statistics as to mortality are incomplete and unsatisfactory. In the United States, it is placed at about 70 per cent. In Italy, the per cent of deaths is lower, 5 to 10 per cent.

There is no single symptom of pellagra that is pathognomonic, as every symptom, so far noted, is common to some other disease. This makes it difficult in some cases to make a positive diagnosis.

However, when the following group of symptoms are present a diagnosis can be easily made:

Diarrhea, with offensive odor;

Emaciation;

Skin lesion;

Tongue extremely clean, with red edges; and the nervous manifestations.

Any one of these symptoms, for a time, may be absent. Constipation may alternate with diarrhea. The patient may improve in flesh and the skin lesions disappear; the tongue may be slightly coated, and the nervous symptoms may be absent.

An analysis of my five patients showed the following symptoms present:

Offensive diarrhea was present in four cases. Two of these also passed blood from bowels.

Emaciation in five cases;

Skin lesion in four cases.

Extremely clean tongue in four cases; one slightly coated tongue.

Nervous symptoms in five cases.

Constipation followed by diarrhea in two cases.

The group of diagnostic symptoms was present in four cases. Two of these cases occurred in February; one in April, and two in November.

Conclusions: 1. Pellagra is becoming more prevalent in the United States.

2. It is probably a gastro-intestinal disease.

3. Impure corn is probably a culture medium and carrier for a protozoan that produces the intestinal lesion.

4. It is not necessarily a spring disease, as cases are met with at all seasons of the year.

5. A diagnosis should be made early and active treatment instituted.—*S. T. Rucker, M.D., of Memphis, Tenn., in St. Louis Med. Review.*

SIMPLE TREATMENT FOR CORNS:—As bare pated philosophers turn away from deeper thoughts to watch his simian sedately pluck a buzzing morsel from the window-pane so the considering of simple treatment for a corn may prove of slight attraction for your reader. Removal of a corn by cutting is always fraught with danger whether accomplished by the inquisitorial gouge and thumb method of a Sixth avenue toe specialist or by the doctor's scalpel. Due to the fact that devitalized tissues are being dealt with; in a portion of the body most dependent; where lymph stasis most readily occurs thereby interfering or cutting off entirely capillary circulation. Furthermore the patient considers the whole matter a triviality and may be assumed to never give the condition a thought either before treatment or afterwards unless "it hurts."

In the method to be described the writer depends upon the macerating power of ordinary adhesive plaster to effect the result sought. A strip of this material from three-eighths or one-half of an inch (1 ch.-1.25 cm.) in width and four to six (10 cm.-15 cm.) inches long is to be applied in spiral fashion to the affected toe covering the digit from neck to nail. The degree of tightness of the application deserves consideration to avoid compression. However the feelings of the patient when stepping upon the foot will serve as an adequate guide in this matter. Given instructions to cut through the plaster lengthwise or to soak off the entire dressing by immersion in a hot water foot bath affords ample protection in cases of undetected microbic infection. Soaking the foot for ten to twenty minutes in

water at a temperature of 100 degs. F. with gentle removal by rubbing with a piece of sterilized pumice stone or forceps of the crown of hardened epidermis shortens the time of treatment. Properly applied the plaster strap dressing described should afford relief from the moment of its application and may be worn continuously for from one to six or eight weeks—bathing seeming to unaffected the adhesive properties of the plaster after having once set. Removal of the dressing at the end of an adequate time reveals the cornus completely freed when it may be picked out entire by means of a dressing forceps or after an additional soaking. A wisp of absorbent cotton held on by means of a narrow adhesive strap may be subsequently worn for a few days.—*Frederic Griffith, M.D., of New York., in St. Louis Med. Review.*

TREATMENT OF GOUT WITH MINERAL ACIDS:—A generation ago an English practitioner, who was an unattached individualist, created quite a sensation by publishing numerous cases from the ranks of his aristocratic patrons in which reports he always gave the antecedent treatment as prescribed by other notables (whose names he invariably repeated and whose prescriptions he regularly reproduced). His method was often simplicity itself. After a client had consulted some world-famous authority (who stood sponsor for a special therapeutic principle), and had become decidedly worse as a result, our individualist simply reversed the principle of the treatment, and—if we choose to believe him—promptly cured the patient. Apparently he went no further into the rationale of the treatment. Thus if a peer had chanced to consult Sir William Gull for his gouty paroxysms and had become distinctly worse after large doses of alkalies, the individualist merely changed the treatment to full doses of nitric acid, whereupon the patient at once experienced decided relief.

Quite recently Schmidt of Frankfort has advocated the use of hydrochloric acid in persistent high doses for certain

cases of gout. But unlike the English empiricist he has a definite reason for this procedure, which, moreover, has its special indications. The treatment did not originate with him, for long ago the discovery was made that gouty patients often suffer habitually from defect of acid in the stomach. The biochemical studies which throw light on this mechanism are too numerous and complicated to be cited in this connection. They naturally involve the entire biochemical pathology of gout and of uricemia; and eventually of all the chronic affections which are found associated with gout.

Without at present going deeper into the subject we may simply call attention to the fact, which the author insists upon, that iodides should be combined with hydrochloric acid in these cases. Alkalies are still the remedy in the so-called uratic diathesis, which, however, furnishes a fraction of the cases of clinical gout.—*Med. Record.*

TREATMENT OF SCIATICA BY SALINE INJECTIONS:—In the *Glasgow Medical Journal* for April, 1911, HAY reports a series of cases conducted by this method and says in conclusion that if to the ten cases narrated are added the four previously reported and subtract the cases of pelvic tumor and malaria, we find that of twelve cases treated eight were cured, one was made worse, and three were lost sight of.

With regard to the technique of the injection, the writer now injects at the sciatic foramen or at the gluteal fold, according as pressure causes greater pain at the one point or the other. To find the foramen, he draws imaginary straight lines from the posterior superior iliac spine to the tip of the great trochanter and to the middle of the ischial tuberosity, bisects the angle contained by these lines, and measures $2\frac{1}{2}$ inches along the bisecting line. At the gluteal fold the nerve lies midway between the trochanter and the tuberosity. To ascertain whether the needle has penetrated into the nerve, he presses the plunger of the syringe gently so as to expel a few drops of the solution. If the

needle is in the nerve the patient experiences a sensation as if something were trickling down within the leg to a variable distance, sometimes only to the middle of the thigh, sometimes as far as the heel.

In evidence of the permanence of the cure he exhibited a man whom he injected eleven years ago. For several years before he was treated, he was confined to the house with sciatica every winter for periods varying from a few days to many weeks. Since he was treated he tells the writer he has never lost a days' work. His case is of interest for another reason. Lange, of Leipsic, was the first to publish the results of saline injections in sciatica, and is therefore justly entitled to claim priority. His first case was injected in July, 1902—that is, two and a half years after a case had been successfully treated in Glasgow.—*Therapeutic Gazette*.

HYDROGEN PEROXIDE IN PURULENT CYSTITIS:—A Weith, in *Semaine Medicale*, describes a troublesome case of purulent cystitis in a man of eighty-four years of age. Boric acid injections, and afterwards silver nitrate, had no effect. The bladder was then washed with 200 grammes of dilute hydrogen peroxide (2 volumes), with immediate good result. A slight sensation of heat was produced, without any pain, and the amelioration was so marked that nothing more was done for several days. Then the injections were renewed with 3 volume solution, at intervals of increasing length, until finally the urine became clear and the patient was eventually cured.—*Med. Summary*.

A NEW UTILIZATION OF MILK PREPARED WITH PEPTOGENIC MILK POWDER—FAIRCHILD:—That milk prepared with Peptogenic Milk Powder is peculiarly useful in supplementing an insufficiency of breast milk is well known. That the nursing mother has taken this food with decided benefit to her own health and to the great advantage of the

infant in the increased quantity and improved quality of the milk secretion has recently been the subject of special reports.

The reasonable explanation in either instance is found in the following facts: Milk prepared with Peptogenic Milk Powder has the constituents of human milk and in the same proportions; has the same physical characteristics; is soluble and non-coagulable like mothers' milk. This food, thus quantitatively and physiologically approximated to human milk, is in every particular adapted for use in conjunction with breast milk, and would seem to be ideally constituted also for elaboration by the mother into the milk designed for the nursling.

The milk may be prepared for the mother the same as for the child—preferably by Formula No. 3—by the “cold process,” if preferred cold.

THE ETIOLOGY OF ANGINA PECTORIS:—The most commonly accepted explanation of angina pectoris is that which attributes the symptoms of the disorder of interference with the circulation through the coronary arteries, and it is thought that this may be functional or organic. It is, however, a well-known fact that the disease may prove fatal without disclosing an adequate cause for the symptoms. and it has been shown that the coronary arteries do not possess a vasomotor mechanism; while, on the other hand, marked degrees of coronary sclerosis are found after death in cases unattended with symptoms of angina pectoris. Dr. H. Walter Verdon (British Medical Journal, March 18, 1911, p. 613) endeavors to account for the occurrence of the paroxysms on the basis of a gastric reflex, having observed cases in which relief was afforded by bringing about expulsion of gas from the stomach. He shows that coronary sclerosis is no more common in fatal cases of angina pectoris than in those of other forms of circulatory disorder. Moreover, the age-incidence of angina pectoris is not the same as that of coronary disease, while the frequency of

the former diminishes. The state of the coronary vessels and of the myocardium is, however, an important factor in determining the fatal issue, arterial obstruction or ventricular stretching taking place readily under the stress of an attack. Verdon believes that the paroxysm occurs in consequence of an impulse transmitted through fibers of the esophageal plexus (derived from the vagus and the sympathetic), bringing about contraction of the esophagus and of the gastro-mural muscle, with closure of the pylorus and opening of the cardiac orifice of the stomach, resulting in imprisonment of the gastro-esophageal atmosphere under pressure.—*Pennsylvania Medical Journal*.

TREATMENT OF DIABETES:—Hodgson, at the American Medical Association, stated that a very small percentage of diabetes mellitus were caused by some severe preexisting pathological condition, but that approximately 90 per cent. of the cases applying for treatment were due to errors of metabolism. The majority of cases were due to long gross error in eating; oft repeated emotional excitement, the excessive use of starches or of alcohol, the gouty diathesis and heredity, sometimes associated with exophthalmic goiter all seemed to play a part in the etiology of this disease. The quality of food as well as the quantity and manner of eating should be considered. In a disease that had been years in developing it was hopeless to expect a cure in a short time, and this should be made very plain to the patient. Codein and arsenic might have their use in a limited number of cases, but as a rule they should be left severely alone. They were not only useless in most cases, but lessened the patient's chances of recovery. The drinking of plenty of mildly alkaline water was desirable. Olive oil and castor oil should be given in all cases in which there was constipation. The diabetic should be kept mentally indolent and physically active, but he should not be fatigued. Many of the so-called gluten flours contained from 40 to 75 per cent. of carbohydrate and consequently were

worthless to the diabetic. The author had advised a starch-poor bread made from a flour consisting of unground poppy seed, ground nuts, eggs, flour or dried spinach, salt and milk. These biscuits contained only 5 per cent. of carbohydrate. Carbohydrate should be restricted in the beginning to the limit of safety and added gradually in but one form until the point of tolerance had been reached. Successful treatment depended wholly upon the degree of control that the physician was able to exercise over his patient.—*Medical Standard*.

FRACTURE OF THE NECK OF THE FEMUR:—*Whitman* (*Annals of Surgery*, April, 1911) describes in detail the abduction treatment of fracture of the femoral neck and its advantages, citing the case of a woman 73 years of age in whom this method was used with the addition of the semi-recumbent or Fowler position of the patient, thus avoiding the danger of hypostatic pneumonia—the gravest danger to which elderly patients are subjected in any treatment of this fracture which aims at bony union—and at the same time securing a congestion of the limb to favor union. In this case ideal results were obtained, a skiagram taken six months after injury showing the bone to be in good position and the process of repair well advanced, the patient presenting no deformity, no shortening and walking with only a slight limp.

In the treatment of this fracture deformity must be reduced and the fractured surfaces held in apposition to secure union with restoration of function, and since we have no control over the upper fragment, this must be accomplished by adapting the lower fragment to it. This is best done under anesthesia by direct traction to reduce shortening, the thigh being then abducted to the normal limit, and the application of a plaster spica extending from the toes to the ribs. By abduction at this time we turn downward the fractured surface of the neck to meet that of the head.

After-treatment is of great importance and the patient

should be turned upon the face once daily as long as cast remains on; the limb should be at first passively, later actively manipulated several times daily, including abduction to the normal limit; and direct weight should not be supported for at least six months.

The purpose of his paper is to call attention to the advantages of elevating the head of the bed in elderly patients, which will lessen the danger of thoracic congestion and at the same time favor repair of the fracture.

GELSEMIUM:—In *Therapeutic Medicine for April*, Geo. L. Servoss treats of the uses of gelsemium. It is a drug which was formerly much in vogue, but through inequality of action became unpopular and was practically dropped. It contains two alkaloids, gelsemin and gelseminin, the first having an effect similar to that of strychnine; while gelseminin rather resembles conium, or its alkaloid cicutin. The fact that these principles are diametrically opposed to each other has doubtless had much to do with the inequality of action of the preparations from the entire plant. Gelsemium meets many indications in a very satisfactory manner, providing the form employed is properly active. As its special action is due to the gelseminin content of the drug, it is rational that the alkaloid should be employed in preference to any other product of the plant. In many painful conditions, particularly facial neuralgias and the neuralgias due to central engorgement, gelseminin has been found preferable to morphine or other opium products, and has been employed hypodermically as a substitute for morphine. Shoemaker suggests its use in lumbago. The dose of gelseminin is 1/250 grain every 15 minutes to effect in acute conditions, and every two hours in those of a chronic nature. As we now have a reliable gelseminin the physiologic effects of the entire drug should be remembered at all times, and at the appearance of any signs of effect, the interval between doses should be lengthened, or in some cases the drug withdrawn. It should be remembered that gelseminin is a

very powerful agent, and that comparatively small doses, if given for any considerable length of time, have produced undesirable results.—*Cleveland Medical Journal*.

DEALING WITH FEEBLE-MINDED CHILDREN:—In one of those institutions that, in the old days, would have been called an "idiot asylum," there was a little boy known as Peter.

For a long time after his arrival at the institution Peter was a serious problem. In all his classes he sat staring apathetically before him, taking the work that was put into his hands, holding it patiently until it was taken away, but doing absolutely nothing with it.

However, none of his teachers—for in this institution they do teach even idiots—forced or urged him. They just kept on, day after day, giving him the materials for work and trying with all sorts of gentle wiles to interest him in what the other children were doing.

Then at Easter some one sent him a toy rabbit, and in the manual training class next day he produced this from his pocket, took up his tools and began a pitiful attempt to carve out a copy of it in the wood before him. Quick to seize the advantage, his teacher, a young woman of unusual pedagogical acumen, helped and guided the fumbling little hands until another rabbit actually did begin to take form before the boy's delighted eyes. After that there was no trouble with Peter. A way had been found into his mind, and his sleeping faculties had been awakened and set to work. Before long it became evident that somewhere in his darkened mentality there had been lying dormant a real gift for wood-working, and today Peter is rapidly developing into an excellent carpenter.—*From "An Experimental Station in Race Improvement," by Frances Maule Bjorkman in the American Review of Reviews for September.*

SOME OF THE LATTER-DAY ENDEAVORS IN THE TREATMENT OF DIABETES:—Heinrich Stern, New York, finds that a high

external temperature lessens the excretion of sugar in the diabetic. Warmth of the bed is beneficial to these patients, and they should live in warm climates if possible, and in rooms heated in the daytime to 75 or 80 degrees. Warm temperature does not affect acetonemia, and has no effect on mild diabetes. Electricity has no effect on diabetes except as it improves the circulation and general nutrition. A diabetic regimen of rather scant caloric value is better suited to the diabetic than an ordinary diet. Carbohydrates are best tolerated by the diabetic in forms that enter the circulation slowly. By rendering carbohydrates difficult of absorption their tolerance will be increased. Oatmeal is a carbohydrate that is well tolerated by many diabetics. It exhausts the activity of the special organs concerned in the elaboration of nutritive principles and only small amounts enter the blood stream at any one time. Fresh milk is the best tolerated antiacetonemic food. The proteins are apt to ferment and cause acetonemia; hence the proteins in such cases should be kept low. Butter and cream cause increased acidosis, while lard, suet and olive oil do not cause increase of acetone. The best fatty article to give is egg-yolk in the raw condition. It is very absorbable and easily taken. Atropine is the only medicinal treatment advised, although the author thinks this and other drugs of little value.—*Medical Record*, July 22, 1911.

IS ALCOHOLISM A DISEASE? F. H. Barnes, Stamford, Conn., contends that alcoholism is not a disease but a habit, and that the laity have hidden behind this idea that it is a disease, and have made it an excuse for continued drinking. An alcoholic cannot be cured by any sort of medication unless he wishes to be cured. One must first use moral suasion which will lead him to wish to be cured of his habit. Then one must get him into as perfect physical condition as possible, and awaken his ambition to keep from drink. Sanatorium treatment is best calculated to accomplish these objects.—*Medical Record*, August 19, 1911.

TREATMENT FOR RINGWORM:—The several antiseptics advocated for outward application in cases of ringworm are far from satisfactory, the prolonged duration of the disease proving their inefficiency. In dealing with the numerous cases of pediculosis in fever wards, E. Lynn Jenkins reports that he and his associates always employ the essential oil of sassafras, which, without exception, they find as a specific in such cases.

When both pediculosis and ringworm occurred in the same scalp, it was noticed that the latter disease also reacted favorably to this preparation.

This led them to test the possible usefulness of the oil for ordinary cases of ringworm, and so far the results have been most happy. The hair is cut closely around, in order to identify the patches, the application of the oil being made twice a day by means of a camel-hair brush. This is continued for a few weeks, as the case indicates. No irritation is produced, while the preparation is most pleasant to use. Not only is the spread of the infection prevented, but that the fungus is being destroyed with certainty is recognized in two or three weeks by commencing development of fine hairs.

In country practice, where treatment by X-rays is impracticable, this method will prove a valuable addition to the several means recommended by various authorities.—*British Medical Journal*.

CONTINUED INSUFFLATION OF OXYGEN IN THE TREATMENT OF GENERALIZED PERITONITIS:—*S. Banzet (Presse med., Feb. 1, 1911)* gives the results of the use of oxygen insufflated continuously into the abdomen in general peritonitis. The oxygen is allowed to flow slowly from rubber bags or ordinary cylinders through the drainage tube into the lowest portion of the abdominal cavity. It has a very favorable action on the general condition, acting as a stimulant to the cardiovascular and respiratory apparatus, lessening the paralysis of the intestines, and causing diuresis, and thus

aiding in carrying off the infectious materials. It acts mechanically by preventing the formation of adhesions, and by removing from the abdomen a large amount of discharge, and it has a biological action in preventing the multiplication of anerobic bacteria, while it lessens the virulence of the ærobes and the toxicity of their products. The author's case was one of rupture of a parasalpingitic abscess, in which the peritoneum was bathed in the sero-pus. A laparotomy was done with removal of the sac and drainage, and the insufflation of oxygen at once begun. The patient's condition changed at once from very bad to excellent and she rapidly recovered.—*American Journal of Obstetrics*.

ORTHODOXY.—“The really correct practice is *our* practice. It is difficult to comprehend how the other doctors can be so blind as not to see this the way we do. Now, there is and can be but one way to treat appendicitis.”

“Certainly,” breaks in the Surgeon, “the only remedy is the knife.”

“But first test the accommodation,” says the Eye-Man, “I could tell you of a most remarkable case——”

“Cut it out,” roars the Gyn-Man, “all appendicites come from the pelvic viscera and are curable by a gyne——”

“Never mind that,” cries the Nervy One, “as the brain presides over the whole body, and the appendix has a hole in it——”

“Go to,” yells the Proctologist, “no sane man now dreams of any other treatment than dilating the sphincter.”

“Nasal reflexes——” shouts Nosey——

“Inverted scabies——” howls Skinny——

“Pockets and papillæ——” shrieks the Rectal Chap——

“Why not cure it?” mildly suggested the Internist. Whereupon they all turned on him and rent him asunder.—*American Journal Clinical Medicine*.

Yes, Orthodoxy is my doxy—heterodoxy, the other fellow's doxy.—*Ed. S. P.*

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THE SALIENT EPIDEMIOLOGICAL FEATURES OF PELLAGRA.*

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The developments of modern medicine have repeatedly shown the great value which is to be attached to epidemiologic studies as an aid in the elucidation of the etiology of disease. It seems remarkable that such studies are lacking for pellagra. Many important epidemiologic facts have

*Public Health Reports, Sept. 29th, 1911.

been observed and recorded for this disease, but anything like complete and detailed studies do not as yet exist.

The only modern work of this kind which we possess is that of Sambon and that of Alessandrini. Both of these authors have made important contributions to the subject, but each was striving to establish his own hypothesis of the etiology of the malady. Their contributions therefore are necessarily wanting a certain judicial point of view which would have much increased their value.

It is to be observed, moreover, that the studies of these two authors were made exclusively in Italy, and that practically all recorded epidemiologic observations refer, if not to Italian pellagra, at least to the pellagra of southern Europe. Such observations are lacking for many places where the disease is known to be endemic, and we have none for the United States. If careful studies of this nature, both extensive and intensive, could be made for many places, a comparison of results would establish on a firmer basis many points of importance which are now obscure and might serve at least to give us a more definite idea as to the direction of our future work on the all important question of the etiology of this disease. Ultimately of course such studies must lead us back to the individual patient for completion.

It is intended to assemble in this paper, without very much discussion, the epidemiologic data we already possess regarding pellagra with the idea of trying to make some estimate of how incomplete these data are, and what indications they may perhaps show.

First with regard to *prevalence and geographic distribution*, it may be noted that the statistics of pellagra are for many reasons notoriously inaccurate, and the general geographic distribution of this disease is in all likelihood uncertain. Sambon's expression that our knowledge of its geographic restriction very likely represents only the limi-

tations of our information as to its extent should be borne in mind.

At present in a general way the disease is probably most prevalent in Northern and Central Italy, Southern Roumania, the Austrian Tyrol, Southeast Hungary and the Southeast United States. Lower Egypt might, perhaps, be included. It has now been reported from various parts of the world, both in the Eastern and Western Hemispheres, but on the whole displays at least certain geographical limitations, although these are not easy to define with any degree of accuracy.

Roussel (1865) wrote as follows concerning the geographic distribution of pellagra: "Recently this malady has invaded new countries, and today it is found to the south of 47 degrees of north latitude, between 10 degrees of longitude west and even beyond 25 degrees of longitude east, meridian of Paris, extending over a long zone of the temperate region of Europe, from Cape Finisterre to the banks of the Sereth, across the Pyrenees provinces of Spain and of France, Upper and Central Italy, and, in the basin of the Danube, upon the eastern and southern slopes of the Carpathians, even to the frontiers of the Russian Empire."

Since this date the disease has been much more extensively reported, and may be even much more widely prevalent than present reports show. It may in a general way be said that pellagra is confined to tropical, southern north temperate, and northern south temperate zones, and perhaps nothing more definite can now be said in a general statement.

Its *local geographic distribution* presents more striking peculiarities. In Italy, for example, it has for generations been endemic in the northern and central parts of the peninsula, but has definitely spared southern and insular Italy, though endemic in the island of Corfu, just across the Adriatic. In recent years, however, it appears to be slowly advancing southward. In Roumania, on the other hand,

long endemic in the south, it now appears to be slowly traveling northward. It is endemic in Northern Italy and in the Austrian Tyrol, yet contiguous Switzerland and Germany have always escaped. Again, endemic and quite prevalent in Lower Egypt, it is comparatively rare and sporadic in Upper Egypt. In the United States, also, there seems a certain geographic restriction to the southeastern States.

Such sharp limitations are not constant, however. From Roumania it has apparently invaded neighboring parts of Russia and of Austria-Hungary, and is scattered along the Danube.

Without attempting any exhaustive statement of these peculiar and sharp limitations a glance at a map will show that such peculiarities are evident and striking. One other fact may be noted here, and that is the practical disappearance of the disease from France where it was once endemic and rather widely prevalent. In Spain, too, the disease has never seemed to spread widely.

It is not to be forgotten in this connection that the "zeist" idea of the etiology of pellagra has been so widely accepted that practically all pellagra literature bears more or less the coloring of this theory. Geographical observations have likewise not escaped this bias, and conclusions are not infrequently drawn which a strict estimation of facts do not entirely warrant. The statement that pellagra occurs only in those countries which grow and to a large extent subsist on maize products is, in itself, not only a statement of a very general nature, but is so wide as to include perhaps too much. Corn is grown and used as an article of food so extensively over the earth's surface that it might, with similar reason perhaps, be adduced as an etiologic factor in other diseases as well as pellagra. In other words, a premise of this character is so broad that it weakens the conclusion.

Among other general factors *climate* seems to exert no especial influence, though, as noted above, the disease seems

to be confined to the tropical and the warmer parts of the temperate zones. The influence of climatic factors on the spoiling of corn are important, as is well known. *Seasonal influences* to the "zeists" are also of great importance for similar reasons. The relation between symptomatology and seasons is discussed later.

Meteorologic and telluric conditions, outside of their well-known relation to the corn theory, appear to present nothing noteworthy; although many of the old writers have paid a good deal of attention to excessive moisture, dryness, etc. The relation of the erythema to sunshine is mentioned later.

The *topographical distribution* of the disease has, in the opinion of most observers, furnished no facts of importance. In the recent work of Sambon, however, in support of his simulum theory of pellagra, great stress has been placed on topographic distribution. This forms an essential feature of this hypothesis. His observations go to show that the disease is linked to the swiftly running streams of hilly territory in which the simulum breeds.

It is certainly remarkable and striking to find, as we constantly do in the Italian reports, certain comparatively small areas in the midst of a large endemic section, reported as free of the disease; or certain other areas, contiguous to endemic regions, yet never reporting it.

Investigating pellagra in Italy I have been frequently impressed with the statements of practitioners in pellagrous sections that all of their cases come from this or that restricted locality.

Alessandrini, in his work, has also reported this peculiar "patchy" distribution of the disease.

Disregarding all etiologic theories, evidence is accumulating that the disease is one of locality or place. If established, this is a very important observation. Further reference is made to this later.

One or two of the older Italian authors have also tried

to show that the disease did not occur along the seacoast. but subsequent observation has not entirely sustained this.

One very striking fact may be included here, which has been confirmed by all observers of European pellagra. Pellagaria is largely rural, and rarely urban. It is the agricultural, rural classes, the poor peasants of Italy and other parts of Europe, who have borne the brunt of its ravages. The city dweller, poor and rich alike, has always, to a large extent, escaped. In a trip through northern and central Italy recently I took pains to make close inquiries and observations regarding this point and always received marked proof of its confirmation. The disease does occur in the cities rarely but the cases are so few as practically to be negligible.

This has always seemed to be a constant feature of pellagra, but, so far as reports show, it is not true of the disease in the United States. Men with the most extensive experience believe that the small, mill towns and villages of the Southern States suffer worst from the disease. Of course such a radical difference must await fuller observations for its confirmation.

Economic and hygienic conditions, and food supplies.—It is of course a general biologic law that poor economic and hygienic conditions, with bad water and poor food, are important factors in the production of disease, but these factors have more than this general significance with regard to pellagra.

Ever since pellagra was first described all have united in condemning the wretched conditions under which sufferers from this malady have been found to exist, as well as the poor quality of their food supply. In Europe pellagra is practically limited not only to the agricultural classes, but to the poorest of these classes. It is those who are poorly clothed, badly housed, and miserably fed; it is those who live in the greatest poverty and subsist on a diet which is unvaried in its monotony, often insufficient in quantity.

badly prepared, and not infrequently of the poorer quality. Largely for these reasons the disease has received a sinister reputation and is confessed with shame.

This apparent relation of the disease to the character of the food supply has furnished the field for most of the etiologic theories and speculations. Whether ultimately this shall prove to be an important etiologic factor or only one of numerous other factors remains to be determined. But the fact is not to be overlooked that in Europe the great majority of those who suffer from pellagra do have a poor food supply.

Again, in the United States this does not seem a marked feature of the disease.

The malady, however, does not always spare the well-to-do classes, urban or rural, even in Europe. Cases, and even severe cases, among the better classes are not of frequent occurrence nor are they of such great rarity. It is a circumstance to be remarked that in Europe occasionally certain isolated families, in easy circumstances, have been known to suffer severely from the disease for one or more generations. This may suggest hereditary influences but does not exclude local conditions as etiologic factors.

In the United States numerous cases are constantly being observed among the well-to-do classes. Statistics are as yet, however, lacking.

The *relation of the disease to water* has of late attracted much attention. As noted, it is an essential feature of Sambon's hypothesis. Alessandrini also has made it an essential part of his theory and claims that the disease is due to a water-borne nematode worm of the family *Filaridae*, and is prevalent in those places which use polluted, surface waters. Siler and Nichols have directed attention to the frequent presence of amœbiasis in pellagrins and suggested a possible relation to water. Terni and Fioram, in a way, have recently pointed out an apparent relation between pellagra and certain water courses in northern

Italy. Some of the older authors also have expressed such ideas.

It is to be noticed that all of this brings the disease into relation with water, but the character of this relation, in the opinion of these observers, is diverse. This point demands further attention.

With regard to *age incidence* of the disease there is some discordance. It may be said, however, that pellagra occurs at all ages, including even the infant at the breast. The greater number of cases are found in the active period of adult life from about 20 to about 40 years of age. Children—even young children—do not escape, as many observers believe, but, as Neusser has pointed out, they seem to possess a certain tolerance for the disease, presenting often only a mild erythema with no constitutional disturbances whatever. With Sambon, in Italy. I have myself frequently made this same observation. Many cases in young children are being reported in the United States, and among them not infrequently are seen severe cases.

With regard to *sex*, it probably cannot be denied that women suffer more than men, but the difference in Europe is not large; furthermore, it is to be observed that the preponderance of the female sex is found to occur during the active sexual period of life and is possibly due to the additional burden imposed by childbearing.

The statistics from which these conclusions are drawn are compiled from the agricultural classes of Italy and Roumania, largely; and the conditions of life, with regard to labor, are just as severe for the women as for the men. So that during the childbearing period the women are called upon to assume an added burden. The preponderance of females is by some also attributed to the additional factor of a more susceptible nervous system.

In the United States, although statistics are scant, it seems undoubted that there is a marked preponderance of females and, in the Southern States, negro females.

With regard to *race and nationality* there is observed no especial immunity or predisposition. It has been said in a general way that the negro of the Southern United States is a marked sufferer from the disease; but here again statistics are lacking.

In the matter of *occupation* it is evident in Europe that the agricultural class—the field laborer—is the worst sufferer; and it has been further pointed out that it is the poorest of this class which is so much predisposed to this disease. It is somewhat difficult there to separate the several factors which might play a part.

It has been stated above that apparently in the United States the field laborer is not the worst sufferer from the disease.

The question of *heredity* in pellagra may be considered a debatable one. In a disease whose etiology is unknown this question is not always easy of determination. It has never been established, and very rarely, if ever, claimed, that children are born with the disease. It has been claimed by many that the children of pellagrous stock often show hereditary anomalies of degeneracy, and a predisposition to the disease. Indeed the general opinion is that pellagra is hereditary largely in the sense of predisposition. Even this view, however, has met opposition at the hands of some observers of wide experience. It seems not unfair to say that heredity is at least open to some doubt.

Is pellagra contagious?—This is a question which was much discussed, and about which many doubts were expressed in the earlier history of the disease. Modern writers, however, have seemed to regard this question as determined, and most of them assert that the disease is not contagious.

There are undoubtedly sufficient observations to exclude any idea of its transmissibility in any direct way from person to person. One or two may be worthy of mention. At the pellagrosario at Mogliano Veneto, near Venice, Italy,

where for many years large numbers of pellagrins have been treated (at present some 400 or 500 inmates with about 60 or 70 employees) no attendant or nurse has ever been known to develop the disease. Such observations could be multiplied. Neusser states that he has many times observed in a large family, all living under the same conditions, only one member sick with severe pellagra while the rest remained in the best of health. Such an observation has been confirmed scores of times. Facts of this character certainly seem to exclude any idea of contagion in the strict sense of that word.

As to whether the disease may or may not be transmissible in some remote or indirect way may be, in the present state of its etiology, certainly open to question. It is the general belief that the disease is not communicable in any sense whatever. It may be repeated here, however, that at least in Italy and Roumania, it does possess the characteristic of slowly extending its area of endemicity. This characteristic, however, does not necessarily imply any idea of transmissibility.

In the United States several observers have again raised the question of contagion and affirmed a belief in its probability.

If one may speak at all of *immunity* in pellagra the disease does not appear ever to confer any individual immunity. On the contrary it has repeatedly been observed that apparent cures are often followed by recurrent phenomena of the disease either at close or more remote periods of time.

Pellagra may be classed as *endemic*, at times *epidemic*, but never *pandemic*. It is a disease peculiarly endemic in character, as has already been noted. At certain seasons or in certain years the number of those affected within the area of its endemicity may show a marked increase. In its history it has also appeared in new territory, often far remote from its known endemic areas, as.

for example, its more or less recent occurrence in America. From these points of view it may deserve to be called epidemic, but it has never shown any of the characteristics which mark the great epidemic diseases, with their extensive ebb and flow.

Reference has already been made to the possibility of the *disease* being one of *place or locality*. Certain other similar things may be noted which seem to show that pellagra presents the characteristics of a "place infection" in the sense in which the expression has been used with regard to beriberi.

The recognition and early development of the disease in the United States has furnished more than one instance which might possibly lend color to such an idea. It will be recalled that the disease in America was first observed in insane asylums, and more than one asylum awoke suddenly to find a large percentage of its inmates suffering from this disease (although many of the first observations, in South Carolina, at least, were in cases who had pellagara on admission). Subsequent investigation showed that the disease had long been present among the inmates of, as well as the new admissions to, these institutions, and doubt was created as to just what percentage of the cases could be charged to development within the institution. The various factors in the situation have not all been untangled, and conclusions are difficult to form. From the history of these situations and a study of conditions, however, one is almost forced to admit that these occurrences present at least some analogy to the so-called "place infection" of beriberi.

In the area of its endemicity the disease often shows other queer turns in the peculiarity of its dissemination. Sometimes all of the members of a family or house may suffer from it; just as often, indeed oftener, only one or two. Alessandrini states, for example, that in certain parts of Italy in the examination of 269 families composed of 1,659 persons, only 274 pellagrins were found among them. Only

5 families had as many as 2 sick. Among them was one family of 21 persons which showed only 1 sick. Again, out of 119 families composed of 528 persons there were only 129 pellagrins; of these the families worst affected had, in one case, 2 sick out of 3; and in another, 3 out of 6. One family of 13 had only 1 sick. In my personal experience in the United States I have three times seen orphan asylums suffer severely from the disease, although in each instance the children seemed generally healthy, the food supply good and abundant, and nothing in local conditions to indicate any especial reason for poor health among the inmates. In almshouses I have seen cases at times, while the large State prison in Columbia, S. C., was, when inspected by Babcock and myself, found singularly free of pellagra, although the disease is very prevalent in the neighboring insane asylum, as well as through the state generally. Later I saw one case in a prisoner discharged from this penitentiary, and, strange to relate, he was a man of the better class and had not eaten prison fare, but had received his food supply during his incarceration largely from relatives and friends. Another odd fact is the apparent immunity enjoyed by the Italian Army, which, since military service is compulsory, is recruited from all over the Kingdom. I have been assured by medical officers of the Italian Army that except on recruiting duty pellagra is a disease of which in their official life they see nothing. Pellagrins are not recruited. It is, however, reported, I am told, among the Carabinieri at times.

The *seasonal incidence* of pellagra is one of its well known and marked characteristics. With striking regularity its severe manifestations become apparent at two seasons of the year—spring and fall. This has furnished the opportunity for much etiologic speculation, and has raised the question of the relation between the pellagrous erythema and exposure to sunshine. Such a relationship is undeniable, but is by no means definitely understood.

Do any of the domestic animals suffer from pellagra? Despite assertions to the contrary, I do not think any unbiased individual can be convinced that such cases have ever been observed. Moreover in spite of the long series of feeding experiments in both domestic and laboratory animals no one has ever yet produced in them any morbid condition which agrees in any sense with human pellagra. Further, experiments on laboratory animals, including monkeys, by the injection of body fluids and tissues have likewise given no conclusive results.

With regard to the disease itself some facts of importance in this connection should be recorded.

So far as *clinical characteristics* are concerned pellagra is a general disease of marked chronicity with periodic exacerbations of a peculiar kind; also the intervention at times of certain very striking attacks of a fulminating nature—so-called typhoid pellagra and allied conditions. These acute incidents are very notable phenomena in the evolution of the disease and have always attracted much attention. Their nature is obscure.

Then in the inception and evolution of the disease what may we regard as its *earliest symptomatology*, or rather what particular system of the body seems to be the first involved in the morbid process? This is a point on which writers do not agree. It is a matter of importance in some respects since it may lead us to a suspicion of where may be found the “infection atrium”—if I may use such a term without implying any etiologic deduction. Is it the gastrointestinal tract? Is it the skin? Can it be the respiratory tract? We may at least say, however, that both from clinical and pathological data the morbid process displays its most marked and most essential effects upon the central nervous system.

Pellagra is, in a sense, a *secondary disease*, a morbid process which, so to speak, engrafts itself upon some preceding morbid condition or depressed state. This is a fact too well supported to admit of denial.

Does the disease display any "*latency*" in the sense, for example, of the accepted "*latency*" of malaria? Such an observation has been made by some writers, but is **by** no means definitely established. It does seem undoubtedly true that an individual presenting typical pellagrous phenomena for one or more years may for an equally long while cease to display active evidence of the disease, but whether this may be spoken of as "*latency*" or not is **questionable**.

The disease displays a very marked *variation in its virulence and intensity*. At present in America it is observed to run a more acute course, to display more evidences of an intense intoxication, and to give a much higher mortality. These same characters were noted by the early Italian, French, and Spanish writers. In Italy, however, now for a long while the intensity of the disease has been steadily diminishing, severe types are comparatively rare, and the mortality is much reduced. The interpretation of this change in the character of the disease is of course uncertain, but it may perhaps be inferred that the Italians have developed a partial immunity to pellagra. Certainly no other explanation seems so obvious. Moreover it is a matter of fact in Italy that in treatment change of diet and surroundings very frequently results in a cure, or at least an arrest of the disease. The Italian pellagrosarios, where the treatment is largely dietetic, obtain very fair results. This is not true, however, with the severe types of the disease seen in America. The important point is, what effect is produced on the disease by the administration of good food in sufficient quantity with change of surroundings? Is pellagra curable, at least in its less intense forms, by these means alone? Here too may be asked, what is the real result of arsenical treatment? Reports are very discordant.

Here also may be put the ever-present question in pellagrous etiology, Is there a "*pellagra without maize*"? As Sturli has said, even the most pronounced "*zeist*" could not possibly deny that such cases have occurred and do **occur**. There are many well-authenticated cases of undoubted pel-

lagra which have never eaten maize. Such cases are, however, sporadic, and up to the present time endemic pellagra without maize is unknown unless one accepts such as occurring in parts of Spain. There is an endemic disease called pellagra, reported as occurring in parts of Spain, where corn is neither grown nor eaten, but the Italian pellagrol-ogists refuse to accept this as undoubted pellagra until it is further investigated.

Is pellagra a *morbid entity* or do we include under this term *more than one morbid entity*? These suspicions have naturally been engendered by the question of pseudo-pellagra. The disease is so characteristic and so consistent in its phenomena, its evolution, its geographic distribution and even in its morbid anatomy that it must be considered, in my opinion, a morbid entity. But, apart from etiologic consideration, if there exist other conditions or states deserving the dignity of the title pseudo-pellagra, as now used by writers on pellagra, the presumption may well be entertained that we are dealing with more than one morbid entity. This is a matter of essential importance, and demands the close attention of all students of pellagra. A British writer has recently expressed the opinion that sprue and pellagra are identical diseases.

The characteristics outlined above, uncertain as they are in part and incomplete as they are in their entirety do not permit of important inferences. The need for more complete and more accurate and detailed epidemiologic data is too evident for comment. Such studies at present are of paramount importance. Furthermore, it would also seem unwise to base theories on epidemiological data collected in only one country. While accurate data of this nature do not exist for the United States there is nevertheless, as above pointed out, very good reason to believe that in many essential points pellagra in this country differs from that of Europe. Until wider studies are made the epidemiology of American pellagra is of course uncertain, but it must even now be taken into some consideration.

As for further inferences, it is interesting to note that, from these data, there is some analogy between beriberi and pellagra, and in both diseases there are analogous etiologic theories. At present, however, the rice theory of the cause of beriberi can certainly present a far stronger claim for acceptance than can the maize theory of the cause of pellagra. The data are too incomplete really to justify any conclusions of great consequence.

I can not conclude this paper without some expression of the great need which exists in the United States for more complete information regarding the prevalence of pellagra. The disease is not reportable, and the number of cases among us is unknown. Such information must come largely from the individual practitioner; and it is to be hoped that the importance of reporting pellagra may not be overlooked.

Epidemiologic observations are likewise of importance and worthy of careful attention by those who come into contact with individual cases.

Finally, I acknowledge my indebtedness to the general literature of pellagra, but it is not feasible to give individual references. The observations recorded have been collected from too many sources.

It is hoped that under the direction of the Surgeon General of the service this paper may soon be supplemented by more detailed studies of the epidemiology of this disease.

PELLAGRA—ITS EPIDEMIOLOGY.

BY R. M. GRIMM, M.D., ASS'T. SURGEON, U. S. M. H.

(In connection with the two practical articles, we present a brief abstract of the paper read at the recent meeting of the Mississippi Valley Medical Association, held in the city of Nashville, by Dr. Grimm, who had recently been detailed by the Surgeon-General to investigate the subject, and who presented the paper by invitation. We regret that want of space and other circumstances prevent our giving the paper in its entirety. However, it will appear in full

in our most excellent and esteemed contemporary, *The Cincinnati Lancet-Clinic*, the official organ of the association. --Ed. S. P.)

Dr. Grimm reported on some work recently done in an investigation of an outbreak of pellagra in Southeastern Kentucky, and the efforts to get at the cause. Three weeks were spent in the work in Knox, Bell and Whitley counties. Cases were studied clinically, the economic and sanitary conditions under which the pellagrins were living were looked into; inquiries were made regarding water and food supply, relation to other cases and to heredity. Pupae of the simulium fly were found. The counties investigated were along the Cumberland River and mining camps located on some creek or run. Dr. Grimm said he visited or received reports of practically all the cases of pellagra that had been recognized in these counties up to August, 1911. He found in Bell, Knox and Whitley counties a total of 140 cases, 102 diagnosed as positive, 20 probable and there were 8 deaths from the disease. Dr. Grimm was able to find only sixteen cases where the people were then living in the homes at which they resided at the time when they noticed the first symptoms of the disease. Of course, the conditions under which the second or later attacks developed, are of undoubted importance also, but it seemed to the physician that by considering only those cases which had been living under the same conditions all the time, a simpler equation would be presented for solution than by considering all of the cases, many of whom had been living under many and varied conditions since their first attack.

Of the sixteen cases mentioned he found all were living within 500 yards of some running stream. The majority within 250 yards of a stream and some literally on the banks of a stream. In regard to food it was found that in the cases of miners this was obtained at company commissaries, being imported canned goods and packed meats.

It was the consensus of opinion of the mining companies' doctors, stated Dr. Grimm, that the food of these families

was not of the best quality and usually poorly prepared. The extensive use of corn by those affected was acknowledged, also hog meat was largely consumed. The food had been shipped in to these people and not from the home grown product. In regard to corn in this section a majority of the people used it as a main article of diet in some form or other.

Surface water was also largely used for drinking purposes and obtained from shallow wells, running streams or mountain streams. The minority used water from deep drilled wells. Of the cases one boy has pellagra and the two others of the same family probably have it. Sisters-in-law living in the same house showed symptoms of pellagra at the same time. It was also found that cases had developed among persons residing along the same stream. No observations were made as to the heredity in these cases, but women who had it poorly nursed infants and the little ones were frail, but did not show symptoms of the disease.

In one district a large number of cases of pellagra were found within a comparatively small radius and along a particular creek.

PELLAGRA.

The following report was made to the Tennessee State Board of Health at its semi-annual meeting, held at the Capitol in Nashville, on Tuesday, Oct. 3rd, 1911, by the special commission selected by the Board:—

“Nashville, Tenn., Oct. 3, 1911.—To the State Board of Health, Gentlemen:—The undersigned members of the commission appointed to investigate the pellagra situation in the State of Tennessee beg to make the following report:

“Number of counties in the State, 96; number of counties visited, 64; number of counties found with pellagra, 58; number of counties with pellagra not visited, 9; total number of counties with pellagra, 67; number of detailed reports on file, 316.

"We have prepared a map indicating approximately the location of cases in the State. We think that the greater number of cases in the cities represent merely cases that have been brought there for treatment.

"These detailed reports have been tabulated to show the total number of cases; the number of male whites; female whites; male colored; female colored; the occupation; duration of disease; other disease complicating pellagra; previous state of health; hygienic surroundings; hygiene of dwellings; presence or absence of screens; kind of water supply; proximity to creeks; presence or absence of stinging insects; other cases of pellagra in family; relation to corn meal and cooking oil and the probable prognosis as shown by the following:

"Cases—Male, whites, 98; females, whites, 200; male colored, 4; female, colored, 14. Total cases, 316.

"Occupations—Housewives, 141; none, 30; miners, 9; laborers, 29; school girls, 22; farmers, 32; school boys, 12; washerwomen, 1; paupers, 1; cooks, 1; miscellaneous, 38.

"Social State—Married, 204; single, 92; widowed, 20.

"Exposure to Pellagra—Exposed, 107; not exposed, 109.

"Prodromal Stage—Yes, 189; no, 127.

"Change of Residence—Yes, 110; no, 206.

"Duration of Disease—To one year, 160; two years, 67; three years, 34; four years, 13; five years, 6; six years, 2; seven years, 3; eight years, 7; ten years, 1; eleven years, 3; fifteen years, 1; unknown, 19.

"Other diseases Complicated—Hookworm, 10; tuberculosis, 18; mental, 4; age, 8; invalid, 4; other diseases, 46; none, 186; syphilis, 6; thyroid disease, 25; indigestion, 4; epilepsy, 3; alcoholism, 2.

"Previous Health—Good, 158; fair, 53; poor, 85; bad, 16; doubtful, 4.

"Hygienic Surroundings—Good, 26; fair, 100; poor, 91; bad, 96; unknown, 3.

"Hygiene of Dwelling—Good, 31; fair, 95; ~~poor~~, 97; bad, 93.

"Screened—Yes, 69; no, 147.

"Water Supply—City, 70; dug wells, 165; cisterns, 31; springs, 48; unknown, 4.

"Proximity to Creeks—Yes, 78; unknown, 141; ~~no~~, 97.

"Insects—Mosquitoes, 223; gnats, 223; bed bugs and fleas, 196.

"Others in family with pellagra, 58.

"Foods—Corn meal, 307; no corn meal, 3.

"Kinds of Product—Store, 283; own, 30; unknown, 3.

"Cooking Oils—Lard, 37; cotton, 269; unknown, 19.

"Prognosis—Good, 151; fair, 7; poor, 2; bad, 81; doubtful, 63; recovery, 2; deaths, 10.

"We beg to submit the following conclusions for the consideration of the board, which conclusions are offered tentatively as only representing the apparent situation as we understand it after making the report and without prolonged deliberation on the subject.

"1. The data gathered in the field show that first cases, as a rule, spring up in the most remote places. While some of these have been imported from other states, quite as many give no history of exposure to any person or place infected with pellagra.

"2. The disease has appeared rather simultaneously at widely different points—not in any way related to each other, either as to avenue of infection or as to similarity of local conditions.

"3. The epidemic of pellagra in the United States has appeared in disregard of all laws of epidemiology. There has been no route of travel or sequence of development characteristic of infectious diseases.

"4. While first cases may appear in disregard of any system of regularity, a large number of cases have apparently become foci for the development of secondary cases.

"5. Such secondary appearance fails to sustain either view of the etiology of the disease to the exclusion of the

other. Such exposed persons may partake of the infected or poisonous food, contract the disease through the bite of an insect or may become contaminated in some other way.

"6. In some counties there is as yet no evidence of secondary cases, for in one instance the first case appeared seven years ago and this patient is now living on the bank of a stream.

"7. Approximately 95 per cent. of cases admit the use of corn meal in some form, and while many are tempted to mislead, there seem to be authentic cases of abstention from corn in all its forms. No case is reported of the complete absence of corn meal from the premises for a term of years.

"8. The prodromal stage, or period of incubation, seems to vary greatly, but is apparently quite long. The development of the disease appears in all cases to be gradual. While diagnostic symptoms may appear spontaneously, they must follow a progressive disease of the spinal cord.

"9. A large proportion of cases appear in the wake of or in the course of some other disease.

"10. While this is a disease of poverty and bad hygiene, many cases have appeared in well-to-do families with good hygienic surroundings.

"11. Arsenic, especially the arylarsonates, appears to have a specific curative effect when begun early and persisted in.

"12. Failure to seek medical relief and especially the persistence in bad hygiene and food usually results in death or insanity sooner or later.

"13. The amelioration or disappearance of symptoms in cold weather suggests a strong climatic influence upon the course of the disease.

"14. Pellagra appears to be a gradually developing, cumulative, intoxication of the central nervous system, of indefinite prodromal stage, of seasonal periodicity, the

symptoms of which may appear suddenly during the spring, summer or early autumn.

"15. There is no proof of its immediate transmission from person to person, though it may be a house of infection.

"16. Its phenomena can be explained on grounds other than infectiousness, and they appear to favor the hypothesis of food transmission. The theory of insect transmission does not fit the early isolated cases so frequently found.

"17. It is impossible that food cereals, and especially corn meal, serve as vehicles of transmission and that the infection exists in granaries and elevators and that the obstacles to its transmission in this way are great enough to account for the relatively few cases of the disease.

"18. It is imperative that the public be instructed in hygienic living with special reference to house screening, sanitary privies, properly cooked, wholesome food—eaten as soon as prepared—and that medical advice be sought on the appearance of the earliest suspicious symptoms.

"20. We need institutions for the cure, treatment and study of pellagrins.

"It appears to the undersigned that the work thus far accomplished only serves to point the way for further investigation, in the hope that the etiology of the disease may be definitely established and its amelioration and eradication assured.

"Respectfully submitted—*Wm. Krauss, Ryrd S. Rhea, J. C. Brooks.*"

The report shows that the disease must have been prevalent in the State fifteen years ago, although it was not generally known until the outbreak occurred at the Baptist Orphanage in this city. It further shows that women have so far proved to be more susceptible to its ravages than men, as nearly one-half the patients examined were housewives and two-thirds of the total number of patients examined were females. The married, too, are specially cursed with 204 patients out of 316 examined pleading

guilty to have forsaken the state of "single blessedness."

Another interesting fact featured by the report is that the large majority of the patients examined lived in poor surroundings. Dug wells supplied the water that quenched the thirst of 163 of those examined, mosquitoes and gnats had bitten 223, while bed bugs had made life miserable for 196; 269 had used cotton products in cooking and but 95 per cent used corn meal.

Selected Articles

MEDICAL TENDENCIES.*

BY ROBERT H. BABCOCK, M.D., LL.D., CHICAGO, ILL.

To the thoughtful mind certain tendencies are apparent in the medical profession which it seems well to bring to your attention this evening. Some of these will affect directly the future members of the profession, while all are of vital interest to the people whom the coming doctors are to serve. Some of these tendencies are a direct result of changes in our notions of the causation of disease, changes that have taken place in the past thirty years, coincident with the development of the germ theory of infection. Others are intimately connected with modern and advanced methods of medical education, and will be considered first, because discussed at more length than those having a direct and easily recognized bearing on the public.

Medical Education:—So much has been said in various quarters regarding the danger of a too rigid reliance on laboratory methods as opposed to clinical study of diseases that one hesitates to add further word on this subject lest he exhaust the patience of his medical hearers, and also lay himself open to the charge of being a "back number," and

*President's Address, delivered before the thirty-seventh annual meeting of the Mississippi Valley Association, Nashville, Tenn., October 17, 1911.

yet the tendencies in medical education cannot be discussed without touching on this phase of the subject. So indispensable have laboratory methods become today that one wonders how clinicians of fifty years ago ever succeeded as well as they did in the diagnosis of any but the commonest affections. Yet without doubt they could put to blush many a young physician of today trained in the use of the microscope and chemical reagent, but untrained in the observation of disease at the bedside.

In the course of a conversation on this subject last winter with a professor of medicine at the Harvard Medical School, who occupies a leading position on the staff at Boston's two largest hospitals, he stated he had often been struck with the perfection in laboratory methods displayed by the graduates of one of the most prominent Eastern medical schools who became house officers in a certain Boston Hospital, and on the other hand with the deplorable lack of knowledge derived from the clinical study of diseases in the wards. If such failure to give its students requisite clinical training can be charged against the medical school in question, which is supposed to stand at the top in this country, then what can be said of other medical colleges with even fewer hospital advantages for bedside instruction? In my experience as consultant I have become deeply impressed with the general reliance on laboratory methods shown by practitioners recently out of college, and at the same time with their inability accurately to observe or appreciate the significance and value of symptoms as compared with the findings of the microscope or test-tube.

Various mechanical appliances for the recognition of pathological states are now in use, and their number seems ever increasing. All this is well, and undoubtedly adds greatly to accuracy of diagnosis, without which medical skill is a delusion and a snare. But is there not danger of the science of medicine so overshadowing as to obscure the art of healing? Are there not signs in some quarters of the invasion of this country by that spirit of therapeutic nihil-

ism with which European physicians have been charged? Is there not along with devotion to laboratory researches and animal experimentation a tendency to make the study of pathology outweigh too greatly the application of remedies to the cure of disease? In none of the medical schools of today do the students receive that instruction in *materia medica* and therapeutics they did thirty years ago, and doubtless this is well, for in the light of present-day knowledge of the causation of disease and its pathology, much of such teaching is worse than useless. Nevertheless, this is a tendency that should not be permitted to grow too rank, lest, as previously stated, the art of healing be lost in the science of investigation of disease processes. Our medical colleges must enlarge their clinical facilities, or it might be well to return to the good old custom of each student having practical training with an experienced preceptor.

Dr. H. A. Hare, of Philadelphia, in his address on medicine, "Dangers and Duties of the Hour," delivered before the Ohio State Medical Association at Cleveland, in May, 1911, called special attention to this tendency to therapeutic skepticism. It is fostered, he declares, by the increasing custom of having *materia medica* and therapeutics taught by trained pharmacologists who lack experience in the clinical application of remedies. By animal experimentation they illustrate the physiological effects of drugs, and often draw the conclusion therefrom that they cannot produce the results claimed by clinicians. The testing of drugs on animals in order to determine their physiological effects and limitations is in accord with scientific principles and should be encouraged; but, as Dr. Hare asserts, this should be supplemented by their use on patients in hospital wards, since a drug that produces a certain effect on a healthy dog may manifest a different action on a sick human being. In this way alone can the physiological action of drugs employed as medicines be checked up and their value in the treatment of disease be accurately gauged. The practical therapist knows he can obtain certain results from some

of the old-fashioned drugs, even though he cannot explain just how they work, or though their action appears to be contrary to the assertions of pharmacologists. Consequently if there be a tendency to disbelief in the efficacy of drugs, it should not be encouraged, and our medical colleges should see to it that the teachers of therapeutics have the opportunity of demonstrating to students the practical application of drugs to disease, and not alone their effects on lower animals. Let me here quote Dr. Hare's address, as follows: "It is a fortunate sign of the times that the error of requiring every student to know a little of all drugs is being replaced with a recognition that he should know much of a few."

In recognition of this principle, the Association of American Medical Colleges adopted a set of resolutions, in which they urged upon pharmacologists and teachers of materia medica and therapeutics the limitation of their instruction to the list of drugs recommended by the Council on Pharmacy and Chemistry of the American Medical Association, resolutions which I heartily endorse.*

Fortunately, teachers of medicine recognize the fact that if their students are to be practical physicians, they must get their clinical training as diagnosticians and therapeutists during their school days, and not be left to acquire these arts at the expense of mistakes mortifying to themselves and harmful to their patients. This object is being attained by the gradual elimination of small, privately-owned medical schools and the development of strong medical colleges that are made so either by the coalescence of two or more weaker ones or by their being incorporated as an integral part of a university, possessing sufficient funds to render it in-

*(We cannot join in this endorsement. The predominance of chemists and pharmacists, and the paucity of practical clinicians in the make-up of the Council on Pharmacy and Chemistry is not in keeping with the views enunciated in the three preceding paragraphs of Dr. Babcock's most excellent address; nor do they accord with our own personal views, previously advocated in this Journal.—Ed. S. P.)

dependent of fees derived from students. Such medical colleges may possess hospitals of their own, or may control them to the extent of being allowed to send students into the wards for bedside instruction.

Then added to enlarged and improved facilities for laboratory and clinical instruction is a higher standard of preliminary education, in some medical colleges a degree of B.A. or B.S. being required, which requirement naturally tends to lessen the number of matriculants. Hence, the effect of all this will be to improve the quality and at the same time to reduce the number of medical practitioners. This is bound, therefore, to benefit both the laity and the profession, since the former will receive more skillful attention and the latter will be saved much of the competition which prompts weak men to act unworthy of the noble calling to which they belong.

It will be going afield to discuss the various influences that have been and are still working to bring about a higher standard of medical education, but it can be stated without fear of contradiction that the stimulus has come from within and not without the profession. It is the doctors themselves and not the people who have recognized the need of adequately trained practitioners of medicine, and who are striving to protect the public against charlatans and ignoramuses. Year after year they go before the legislatures to protect the people against legislation hostile either directly or indirectly to the efforts of those desirous of seeing medical education in this country placed on the high plane of that in Europe. Fortunately, the tendency in this direction has set in so strongly that the day is not far distant, nay, is already dawning, when students desirous of post-graduate clinical or pathological work will not feel they must go to Germany, but be able to obtain school advantages at home.

Still another reform movement in accord with this tendency to improve medical training is seen in what is taking place at Johns Hopkins Medical School. According to this

plan, the members of the teaching staff are placed on good living salaries and then required to give up private practice and devote their whole attention to clinical instruction. In a word, the teaching of students is to be paramount to all else, instead of being a subordinate matter that may be set aside or relegated to an assistant whenever the professor finds the demands of private practice incompatible with his duties as an instructor in amphitheater or ward. It would seem at first thought that the instruction might lack that practical and human touch which physicians of large experience gain from contact with private patients, and which sometimes offsets a more brilliant ability on the part of a clinician whose knowledge has been derived from study of hospital patients. On the other hand, what is desired in our medical colleges is a greater pathological and diagnostic training on the part of the undergraduates, which is so essential to the skillful handling of disease, and which, if not acquired before entering upon practice must be learned at the expense of the clientele. It appears clear, therefore, that in this, as well as other directions, there is a medical tendency which sooner or later must influence all of our medical schools, and which none of them can afford to disregard.

Post Graduate Hospital Training:—Nothing can be more valuable in way of preparation for the successful practice of medicine than service in a large hospital as a so-called interne or house officer. Almost without exception the young doctors of the writer's acquaintance who have enjoyed such advantages have made or are making good in their respective communities. The appreciation of the value of such post graduate training is attested by the ever increasing number of medical graduates who come up for hospital appointments through competitive examination or otherwise. Yet in some of the large hospitals of our Eastern cities there is said to be seen a tendency to imitation of European methods, which threatens to lessen greatly or de-

stroy altogether the value of a hospital service for the average interne.

In Vienna, for example, each division of the hospital, medical, surgical, obstetric, etc., is presided over by a chief of staff, who has two or more assistants, and who is expected to be on service the year through. If the chief holds clinics, his leading assistants search out and examine the clinical material in readiness for the chief; they make the routine rounds in the wards, and in the absence of the chief, assume his clinic and other hospital duties. The subordinate assistants or *hospitanten* attend to the laboratory and other minor work incident to the diagnosis and treatment of the patients, but enjoy only a comparatively short and insignificant measure of the advantageous clinical study that falls to the lot of the one or two chief assistants. These latter consequently are not only in line to succeed the chief of staff upon his death or retirement, but also receive a training that fits them admirably for success in private practice. The *hospitanten*, on the other hand, are accredited with an experience which they do not deserve.

As already stated, this plan is being imitated in some of our eastern hospitals, and shows signs of spreading into other cities. There is a chief of staff, medical or surgical, as the case may be, and he has an assistant who enjoys essentially all the privileges and performs all the duties of his chief, and who, like the latter, is on service all the year round. The internes or house officers, on the contrary, do the drudgery work of the laboratory, and assume the responsibility of attending the patients only on emergency or in the absence of the chief and his assistant. They consequently do not obtain the experience which it would seem they ought to receive from their residence in a general hospital.

In contrast to this is the arrangement still adhered to in Cook County Hospital, Chicago, and most other public hospitals, certainly, of the West. The staff is composed of a

number of physicians, surgeons and specialists, who divide up the service generally into terms of three months, and who rotate in their assignment to wards. The internes also are shifted about from time to time through the medical, surgical, obstetrical, contagious disease wards, etc., and thus come into close touch with the various attending men to whom they act as assistants for the time being. In this way they obtain a varied and most valuable experience that fits them admirably to cope with the difficulties of private practice from the outset. In private hospitals, that for the most part are small and often confined to surgical cases, the advantages to the interne are not so great, and yet even here they often benefit appreciably from contact as assistants with the physicians and surgeons who avail themselves of the opportunities offered by the institution.

Whether the tendency to imitation of European methods—that is, to practical monopolization of hospital advantages by both the chief and his immediate assistants—is to prevail extensively in this country or not, it certainly should receive the serious consideration of the profession and of the public. It opens up the grave question, which method is the better for the patient as well as the internes. On the other hand, the responsibility for the care of the sick is not so divided, and hence the attention received is perhaps more uniform and intelligent, but on the other, fewer house officers profit by close touch with competent members of the staff. Whatever the arguments, *pro* and *con*, the tendency is here, and hence must be considered.

Popular instruction on medical subjects is another tendency which is growing, and must influence indirectly at least a more accurate scientific knowledge on the part of physicians, and hence a more thorough undergraduate training. This instruction of the public is given by means of popular lectures, articles in magazines, newspapers, etc., and what is particularly noteworthy it is the medical profession itself that is thus educating the people. A teacher in the public schools recently told the writer that she heard

a prominent physician in her community in a public lecture make statements in regard to bacteria which she knew to be incorrect. This is cited only to emphasize the necessity for more accurate knowledge on the part of physicians in this day of general enlightenment when doctors can no longer surround and reinforce their art with the mystery of oracular statements.

Treatment of Disease.—No one can contemplate present therapeutic methods and contrast them with those of three or four decades ago without recognizing that a momentous evolution is at work. Surgery may be said to have undergone its evolution with the adoption of aseptic methods, but medicine has a far more difficult task to perform, and hence its accomplishments are neither so striking nor indeed so apparent. Yet who can say that the discovery of the diphtheria antitoxin or of Flexner's antimeningitic serum does not compare favorably in the saving of human life with any of the dazzling performances of surgery.

To my medical hearers such utterances as the foregoing are but platitudes, and hence what is about to be said is intended especially for the lay members of this audience. The physician sees in the two great remedies just named a "handwriting on the wall," which predicts the great therapeutic tendency of our profession to be along this line. We are not certain that some sort of serum or antitoxin will be discovered for every acute infectious malady that afflicts mankind, for the obstacles in the way are gigantic and recognizable only to the workers in this field of research, but one thing is plainly apparent in our therapeutics, namely, the tendency to place less reliance on drugs and restrict their use to the amelioration or removal of symptoms depending upon disturbances of organic function. The success attending the use of "606" may seem to argue for the administration, by intravenous injection, of drugs in infections not amenable to a serum or antitoxin. But the dangers attending their use in this manner must render such medication very exceptional.

Consequently, in all diseases not amenable to direct antibacterial treatment by either of the methods just mentioned, medical art will have to be confined to such indirect means as experience or future investigation may recommend. This leads at once to the repetition of the previous declaration, namely, that the tendency in therapeutics is to relegate medicines, by which are meant drugs, to a very minor place in the treatment of disease. That this tendency is felt already is shown, for instance, in the treatment of typhoid fever and pneumonia. The time is not very remote when we heard much of the use of intestinal antiseptics in an attempt to antagonize, or perhaps, destroy the typhoid bacillus in the intestinal tract, while in pneumonia salicylate of soda, carbonate of creasote, etc., were exploited as capable of destroying the germ of this dread disease in the blood or tissues. We hear little if any thing of such medication today. That drugs may and do exert some modifying action on the course of an acute infection is not denied. Neither is the judicious use of medicine in such cases discountenanced, but the belief is entertained that even now the wisest and most skillful physicians have lost faith in the power of drugs to combat directly the germs responsible for acute infections such as pneumonia, typhoid and typhus fever, scarlatina, measles, yellow fever and the various manifestations of streptococcus poisoning, etc.

Fortunately we possess a few, very few drugs that may be called specifics, witness quinine in malaria and mercury in syphilis, but for the most part our efforts are and for a long time to come must be restricted to reinforcing the natural powers of resistance inherent in the human body. It is this truth that should be impressed upon the public and upon that portion of the profession still holding fast to faith in drugs. There is no desire to advocate therapeutic nihilism or to deny the great virtue of medicinal treatment in most if not all cases, but let us be honest to ourselves and our patrons in the declaration that in many cases nature and good nursing are the chief factors in promoting re-

covery. If we are apostles of this teaching, which doctrine is surely the tendency of the age, a tendency based on the germ theory of disease, we shall be fulfilling one of the highest functions of the physician, namely, that of prevention. When a physician can convince his patient and the patient's family that good care, proper hygiene and time are more important than medicines he is a true benefactor not only to the persons directly concerned, but to the community. As for himself, he takes rank with those thoughtful ones who recognize the medical tendencies and are prepared to meet changes as they come.

Preventive Medicine:—In nothing perhaps is medical progress shown more strikingly than in the accomplishments of public health officials. No tribute is too high to pay to those members of the United States Army Medical Corps and of the Public Health and Marine Hospital Service who have robbed malaria and yellow fever of their terrors, and who have stopped the spread of bubonic plague on our Pacific Coast. Throughout the civilized world health officers are fighting the ravages of epidemics so successfully that we now read with comparative tranquility of cholera in Russia, bubonic plague in the Orient, while local epidemics of diphtheria, small-pox and scarlet fever excite scarce a ripple on the surface of public security.

How great a contrast is all this to the state of things before the germ theory of disease had laid the foundation of preventive medicine! May we not look upon this, therefore, as but an indication of achievements still to follow? Surely it is but another of the medical tendencies which points the way to that millennium when every practitioner of medicine will be a sanitary officer in the highest sense, when every doctor will feel that his chief duty is not to diagnose and cure, but to protect his families against sickness. Doubtless such is the attitude of the profession more or less today but to meet the full obligation resting upon us in the matter of prophylaxis we must endeavor to guard our patrons, not against acute, infectious maladies alone,

but must preach the gospel of the simple life that future generations may be protected against those chronic diseases of nerve, cardio-vascular and other structures that now carry so much misery and distress in their wake.

It is too much to hope, perhaps, that the age of universal exemption will ever dawn, but if we read the signs aright there will come a time when the profession of medicine will be divided into two great classes, family doctors, who are sanitarians or guardians, and surgeons, whose province it will be to repair what the others are powerless to prevent. Even during the dark ages of medicine some progress towards scientific light was made, and now the tendency is to an ever-increasing rate of advancement in all matters that pertain to public health and welfare.

A National Department of Public Health:—Another tendency in medical affairs, and the last to which your attention will be called, is shown in the present agitation for the establishment of a national bureau or department of public health. It would seem as if no one could oppose so apparently reasonable a demand, and as if it required only the sanction of Congress for its establishment forthwith. In all probability such a bureau or department is only a question of time. It certainly is in accord with popular education on matters of health and hygiene, and springs from the humanitarian desire for the physical betterment of the masses. Its advocates believe that a national control of health boards and public sanitation in general will be more effective than independent action along these lines by States and municipalities.

Even if this claim is true, it is said by those informed on the matter that there are almost insurmountable difficulties hard to overcome. These are found in the fact that matters which would belong naturally to a department of public health are now under the jurisdiction of the governmental departments now existing, and to dissociate these would create disturbance and friction.

Moreover, sanitary work of such excellent character is

being done already by officers of the Army Medical Corps and by the Public Health and Marine Hospital Service, that one may question whether the national health would be any better conserved by a separate or special department.

The time at our disposal does not permit an extended discussion of this particular subject, even were I capable of considering it in all its phases. It has been introduced only as another indication of the evolution going on in medical affairs. It illustrates that the tendency or trend of medical thought is away from the narrow path of professional work in which physicians may have once traveled, and which perchance some prejudiced persons may believe them still to be treading.

Everywhere in the world may be seen a broad utilitarianism, which concerns itself not alone with the welfare of the individual, but the weal of mankind in general, since what benefits the whole race benefits equally its various components.

The tendency, therefore, of our glorious profession is to a broad enlightenment rather than a reactionary conservatism; to the education of the masses in ways that surely but slowly tend to curtail the work and pecuniary reward of the physician; to a time still far distant but surely coming, when fewer doctors will be required than now, and to an age in which a part of the province of national governments will be the protection of the physical as well as the moral and legal welfare of the people. Other medical tendencies there may be that merit consideration, but to my mind these are the most conspicuous, and hence have been chosen for presentation on this occasion. Their manner of presentation is but suggestive and not exhaustive.—*Cin. Lancet-Clinic*, Oct. 21, 1911.

THE ELIMINATION OF UREA in acute or chronic Bright's disease will be increased by the use of Nephritin. It is an organic product of great value.

Editorial.

MISSISSIPPI VALLEY MEDICAL ASSOCIATION.

Of the many medical meetings held in the City of Nashville, none were more agreeable, enjoyable and interesting than the 37th Annual Meeting of this association, between 300 and 400 members and visitors being present during the three days, Oct. 17, 18 and 19, 1911. The association dividing into a medical and surgical section, it was not possible for one to hear all of the very excellent papers read; nor would our space permit a full report of the various sessions; however, we present to our readers some points that we hope will be of interest, together with brief abstracts of some of the excellent papers read. The addresses of welcome by Dr. Geo. H. Price and Mr. Whiteford Cole, with the response by Dr. Albert E. Sterne, of Indianapolis, were after the usual order and were most excellent and well received. The Secretary, Dr. Henry E. Tuley, made a brief verbal report, concluding by thanking the local committee for the very excellent care and arrangements for the meeting; and Dr. S. C. Stanton, of Chicago, Treasurer, presented his report, which showed the receipts for the past year to have been \$1,653.19, and expenditures \$1,267.72, leaving a balance on hand of \$388.47.

The first paper presented was that of Dr. Grimm, on Pellagra, a brief abstract of which will be found in the Original Department of this issue.

Passed Assistant Surgeon W. P. Rucker of the Public Health and Marine Hospital Service presented a paper upon the "Prevention and Eradication of Bubonic Plague." He pointed out that this disease had effected a landing on the western coast and occupied a territory of about 20,213 square miles. If the plague crossed the Rockies and Sierras to the thickly populated valley of the Mississippi a carnival of death would follow, particularly among the negro race and poorer whites.

Plague, said Dr. Rucker, was primarily a disease of rodents and secondarily and accidentally a disease of man. The safety of man lies in the exclusion of the rodent and his parasites. In America the rat and ground squirrel played a distinct role in the propagation and perpetuation of the disease. The domestic habit of rats and their travels in ships was remarked upon by the speaker. The ground squirrel did not come in contact with man and was a negligible factor. To eradicate the disease rats should be slaughtered, their habitations destroyed, starved out and multiplication prevented and inspection of the human dead and the human living and the contacts of human and rodent cases should be made.

Men affected should be isolated and rat migration prevented.

Dr. W. S. Harpoole of Chicago, Ill., spoke on "Typhoid Vaccination and Its Practical Application as It Concerns the General Practitioner." He told of the scourge the disease had been to armies of the United States and England. He said in 1886 Frankel and Simonds produced immunity in animals by the use of living cultures of typhoid bacilli, and in 1892 Brieger, Kitisato and Wassermann showed that immunity could be produced by the use of dead cultures. The speaker told of vaccination of the human system of many thousands particularly in the army.

"Typhoid vaccination," continued Dr. Harpole, "is done by the injection of killed cultures of the typhoid bacillus. The germs are usually killed by heat. The first experiment began by using a heat of 60 degrees centigrade and later a temperature of 53 degrees centigrade came into use. Heating to a higher temperature has been shown to deprive the bacilli of their vaccinating power."

Dr Harpole advocated protective vaccination and spoke of the satisfaction given when compulsory vaccination was made an order in the army, those who traveled a great deal should be vaccinated to prevent the disease, as it is often spread in this way.

Dr. Willard J. Stone of Toledo, O., was heard upon the medical aspect of chronic typhoid infection. He emphasized the fact that individuals who were typhoid carriers should receive appropriate vaccine treatment; also physicians and nurses whose duties require the attendance and care of typhoid cases.

Chronic carriers who have been unsuccessfully treated by vaccines should be under the control of the local boards of health and furnished employment if necessary which would not require the handling of food products.

Dr. Fenton B. Turck, of Chicago, Ill., spoke interestingly upon diseases produced by the colon bacillus, diagnosis and treatment.

Dr. Thomas D. Coleman, of Augusta, read a paper on the "General Management of Pulmonary Tuberculosis." The speaker said that this disease could be stamped out in a few generations if the proper methods were followed, and that it could be cured as had been demonstrated. He pointed to the time when tuberculosis would be as rare as yellow fever is now. He declared that with the aid of new discoveries the disease could be made as uncommon as yellow fever, and he urged the sanitary prevention of tuberculosis.

Dr. Charles L. Minor, of Asheville, N. C., next read a paper on the "Treatment of Hemorrhage in Pulmonary Tuberculosis." He gave his own experiences at the bedside, and said that he was embarrassed at the use of drugs based on empirical and theoretical conjectures.

"Pneumonia is the most dangerous enemy we have to face after a hemorrhage," said Dr. Minor. "Milk is the best nourishment for the

first twenty-four hours after a hemorrhage, it is better than the use of water. Beneficial results are obtained by bandaging the extremities. Also the inhalation of chloroform lessens the bleeding and it is worthy of trial. I have used atropia, morphia, aconite and the bandaging of the limbs to stop the flow of blood."

At the "Special Cholecystitis Symposium," on Wednesday morning, before the joint session of the medical and surgical sections, most excellent papers were presented by Dr. H. M. Richter, of Chicago, on "Pathology and Complications," stereoptican views illustrating his paper; its "Medical Treatment" was presented by Dr. Wm. Engelbach, of St. Louis; and its "Surgical Treatment," by Dr. Louis Frank, of Louisville; the discussion being opened by Dr. W. D. Haggard, of Nashville.

At the "Special Visceroptosis Symposium," in the afternoon, the first speaker, Dr. Alex C. Wiener, of Chicago, read a paper entitled "Special Consideration, Etiology, Symptomatology and Treatment." Four children from the Orphans' Home were used to illustrate his point concerning spinal curvature.

The next paper in the symposium was read by Dr. W. C. Suckling, of Birmingham, England. His subject was "Nephroptosis, Its Effect Upon the Nervous System, with Special Reference to Insanity." This was a treatise on dropped kidneys. It was an able paper and was given close attention.

The speaker brought out the fact that a large percentage of the inmates of insane asylums have this disease. It is accompanied by illusions and melancholia, loss of memory and suicidal intentions. The treatment of insanity by dropped kidney should be careful. It can be cured by operation if it is done in time, and the patient usually recovers in six months. It is important to operate early in the case of mental disturbance.

The speaker said that he had had a number of cases of football players who had gone to pieces mentally and physically after they had left college. These were cured by operation, and their melancholia and physical weaknesses were remedied.

The next speaker, Dr. Cary Culbertson, of Chicago, read a paper on the "Etiology of Visceroptosis, With Special Reference to the Pregnancy Factor."

Dr. A. Ernest Gallant, of New York, read a paper on "Medical and Mechanical Treatment." During this address photographs illustrative of the subject, on displaced moveable kidneys, were shown.

Dr. William Billington, of Birmingham, England, who was specially invited to address the association, took for his subject "The Surgical Treatment of Descent of the Kidney."

The last paper on the program was read by Dr. William Mac I.

Thompson, of Chicago. His subject was "Principles Underlying the Treatment of the Descent of the Abdominal Viscera."

The speaker said children should be taught to sleep on their side, and that parents should be warned against allowing children to learn to walk too early. He advised the use of properly adjusted corsets and against high-heeled shoes by women affected by this disease, as they tilt the body forward. Dr. Thompson advised the restriction of operations wherever possible.

The symposium was then thrown open to a general discussion, which was led by Dr. Fenton B. Turck, of Chicago. He brought out the fact that these conditions occur on account of constitutional weakness. Drs. J. R. Pennington, of Chicago; J. R. Eastman, of Indianapolis; and others participated in the discussion.

On the morning of the last day (Thursday), Dr. C. W. Barrett, of Chicago, read a paper on "Ovarian and Uterine Tumors Complicating Pregnancy." This was followed by a paper by Dr. D. M. Hall, of Memphis, who said there were some cases of chronic nephritis, which, if treated in the early stages, are curable. Dr. Hall said that this disease was generally allowed to advance too far before treatment was commenced, and that many physicians took the disease for something else.

Dr. Charles T. Souther, of Cincinnati, made an address on the comparative teaching value of photographs to drawings in the technique of certain diseases, pointing out the fact that the artist could not accurately depict the trouble, and that on this account for the student's use the photograph was to be preferred.

Dr. Albert E. Sterne, of Indianapolis presented his views upon nervousness. He said its foundation was at the brain which was affected, causing at times lapses of memory, inertia, lack of identity, melancholia and delirium.

Dr. Daniel E. Eisenrath, of Chicago, read a paper upon the treatment of general peritonitis, based upon personal experience.

Dr. Tom A. Williams, of Washington, D. C., read a paper on "The Role and Methods of Psychotherapy in the Care of Psychasthenia Which Tends Toward Inebriety."

He said in part:

"A sense of inadequacy is the most frequent cause of the desire for alcohol or other narcotic. It is unscientific to exhort a man not to overindulge this bent. The proper course is to remove the cause of his tendency.

"The sentiment of insufficiency is only one of the chief symptoms of the state toward psychasthenia since the work of Prof. Janet. It is a malady which shows itself sometimes in states of intolerable anxiety and distress, sometimes by morbid, unreasonable fears, some-

times by insistent ruminations upon the most trifling events, sometimes by impulsions to perform absurd actions, always by violation of the will, often by mannerisms and erratic gestures, and by the wandering mania or the life of solitude of the recluse.

"This is a disease which we have to relieve in order to prevent the greatest part of the inebriety of our day. For the people who suffer from this unfortunate disorder, a good hygiene is necessary of course. But even more important for their recoery are psychological measures."

The following officers were elected for the ensuing year: President, Louis Frank, of Louisville; First Vice-President, Albert E. Stearne, of Indianapolis; Second Vice-President, F. W. Werner, of Joliet, Ill.; Secretary, Henry Enos Tuley, of Louisville; Treasurer, Samuel C. Stanton, of Chicago.

Chicago will probably be the next meeting place, although this is left in the hands of the executive committee. The time, October, 1912.

A vote of thanks to Dr. H. C. Wiley for his efforts in behalf of pure food and medicines, offered by Dr. Tuley, was adopted.

The following resolutions, offered by Dr. L. H. Montgomery, of Chicago, were adopted:—

"Whereas, believing the time has arrived for the people of the United States and the medical profession of this country to anticipate legislation by Congress at its next annual session looking toward this proposed new department;

"Therefore be it resolved, That it is especially desired by the members of the Mississippi Valley Medical Association, at its thirty-seventh annual meeting, held in the historic capital city of Nashville, Tennessee, the former home of the patriots, and ex-Presidents Jackson and Polk, to respectfully urge upon Congress the necessity of creating said department.

"Resolved, That by so doing this government will place itself on a parity in this direction with France, Germany, Cuba and other foreign countries. And that said portfolio shall carry with it the appointment of a medical scientist to rank with equal dignity as other members of the President's official family."

The splendid address of the President, Dr. Robert H. Babcock, of Chicago, on "Medical Tendencies," will be found in full in this number as a "Selected Article," reproduced from the *Cin. Lancet-Clinic* of Oct. 21, 1911; and the special addresses of Dr. J. C. Wilson, of Philadelphia, on "Doctors and the People"; and Dr. Joseph D. Bryant, of New York City, on "The Indebtedness of Posterity to the Pioneer Surgeons of the Mississippi Valley," were all that could be naturally expected from the eminent gentlemen, so well and widely known as leaders in the medical profession, and were greatly enjoyed

by the large audience who were so fortunate as to be present on the evening of Tuesday, Oct. 17.

The social features consisted of a reception to the President, tendered by the Nashville Academy of Medicine, on the same evening, at the Hermitage Hotel; a "Smoker" in the large dining hall of the same hotel on Wednesday evening, at which the well arranged menu was made the more enjoyable by the vaudeville and musical accompaniment, together with the impromptu remarks of Dr. Jos. O. Bryant, of New York; Cooper Holtclaw, of Chattanooga, and Jno. A. Witherspoon, of Nashville; Dr. W. D. Haggard felicitously serving as toast-master. An automobile ride to the Hermitage on Thursday afternoon, with a very eloquent and highly appreciated address on the Life and Character of Andrew Jackson, by Dr. Jno. A. Witherspoon, concluding the meeting.

Among the "exhibitors" at the meeting, we, as well as many others, were more than glad to see our old friends, the Denver Chemical Co., with their "Antiphlogistine"; Messrs. Reed & Carnrick, with their splendid preparations of "Nephritin, Peptenzyme, Proto-nuclein and Trophonine"; Chas. H. Phillips Chemical Co., with their "Milk of Magnesia" and "Phospho-Muriate of Quinine Comp."; and Messrs. Kress & Owen with their "Glyco-Thymoline." These preparations have by actual trial in the hands of so many practitioners been found to be so thoroughly reliable as to justly be considered *standard*. The Demoville Drug Co., of this city, had a most excellent display of surgical instruments and appliances. "Mellin's Food," of so much value to the babies of our land, was also on hand.

IMPORTANT NEW PREPARATIONS OF PARKE, DAVIS & Co.:—General practitioners will be interested in the announcement by Parke, Davis & Co. of two new products of their chemical laboratories. Proposote and Stearosan are the names chosen to designate the preparations in question.

Proposote is creosote in combination with phenylpropionic acid. It is a straw-colored, oily liquid, neutral in reaction, nearly odorless, and having a slightly bitter taste suggestive of creosote. It is insoluble in water, but is slowly decomposed by alkaline liquids. The indications for it are the same as those for creosote. Tubercular cough following pneumonia, the cough of pulmonary tuberculosis, acute and chronic bronchitis, purulent bronchitis, abscess of the lung, asthma, and bronchitis complicated with Bright's disease are among the pathological conditions benefitted by its administration. Being insoluble in acid media, it passes through the stomach unaltered by the gastric juice, to be slowly broken up by the alkaline fluids of the small intestine, hence may be given in gradually increasing doses

until the desired effect is obtained. During prolonged administration, as is well known, creosote disturbs digestion, impairs the appetite, and often causes nausea and vomiting. Proposote is free from this objection.

Stearosan is santalol combined with stearic acid. It is an odorless, tasteless, light-yellow oily liquid that is insoluble in water and dilute acids but is slowly broken up by alkaline fluids. The pathological conditions in which it may be employed with advantage are precisely those in which santal oil has long been used—chronic gonorrhea, cystitis, urethritis, vaginitis, pulmonary disorders such as chronic bronchitis, bronchorrhea, etc. It possesses therapeutic properties fully equal to those of santal oil, over which it has the important advantage of being practically without irritating effect upon the stomach. The explanation of the latter fact is that the preparation is not attacked by the acid gastric juice, but passes into the small intestine, where it is broken up or emulsified by the alkaline fluid and absorbed without difficulty. The distressing eructations and loss of appetite attendant upon the administration of santal oil do not occur when Stearosan is given.

Both Proposote and Stearosan were thoroughly tested clinically before being offered to the medical profession, and practitioners may be assured of their therapeutic efficiency in all cases in which they are indicated. They are supplied in 10-minim elastic gelatine globules, boxes of 25 and 100, and may be obtained through retail druggists generally.

LITERATURE WORTH READING:—The value of heat as a therapeutic agent has been so conclusively proven that it will admit of no further argument.

The difference, however, between convective heat in contradistinction to radiant heat is a subject in which the profession generally is interested.

Convective heat is particularly applicable in cases where radiant heat is not indicated and the reverse is quite true. Their differential thermic value is clearly set forth in the October issue of the *Bloodless Phlebotomist* along with an interesting paper by Dr. David McIntyre, a Cunard Surgeon, upon "Drugs at sea."

In the same issue of the *Phlebotomist*, Dr. Edward Parish, of Brooklyn, presents his methods of treating Tic Douloureux and Dr. Leverett of Yonkers, relates his experience in the successful handling of ivy poisoning cases, which in many instances are quite as intractable to handle as Tic Douloureux.

In addition to these papers, much other interesting and instructive

material is given, and it is worth while to write to the Denver Chemical Mfg. Co., New York, for a copy of the Bloodless Phlebotomist for October, which they will send upon request.

DANGER DUE TO SUBSTITUTION.—Hardly another of all the preparations in existence offers a wider scope to imposition under the plea of "just as good" than the scientifically standardized Eucalyptol. The most recent fraud practiced in regard to this product is an attempt to profit by the renown of the firm of Sander & Sons. In order to foist upon the unwary a crude oil, that had proven injurious upon application, the firm name of Sander & Sons is illicitly appropriated, the make-up of their goods imitated, and finally the medical reports commenting on the merits of their excellent preparation are made use of to give the desired lustre to the intended deceit. This fraud, which was exposed at an action tried before the Supreme Court of Victoria, at Melbourne, and others reported before in the medical literature, show that every physician should see that his patient gets exactly what he prescribes. No "Just as Good" allowed.

SODIUM SALICYLATE THE REMEDY FOR RHEUMATISM:—"When a diagnosis of rheumatism has been made, it then behooves one to cast about for some agent that will quickly arrest the process and avert complications. For this, one remedy stands out pre-eminently—namely, salicylates. Preference should be given the sodium salt. Some do not regard this favorably and it is these who have an instrument they do not know how to wield. Plehn has pointed out the "stumbling block" for these, showing that success depends upon adequacy of dosage, and he further observes that the salicylates are as much a specific in acute articular rheumatism as quinin in malaria or mercury in syphilis."

"One strong objection advanced is the inability of the patient to retain the medication because of the nauseating effect. Sodium salicylate has a very sickening sweet taste and should never be administered except in the form of a solution."

The natural salicylic acid in Tongaline will not cause the disturbances that accompany the use of the synthetic product, which is invariably dispensed unless the natural salicylic acid is specified. Hence Tongaline is a most desirable vehicle for the administration of natural salicylic acid.

PREPARE FOR SCHOOL DAYS:—And now the little army of young humanity, after the long vacation, is back in school to continue the long period of mental and bodily stress and strain inseparable from indoor confinement and long hours of work and study. Is it not the

part of wisdom to see that they are well prepared for what, to many of them, is really a serious ordeal?

If the boy or girl (especially the girl at the age of puberty) is anemic, easily tired, pale and listless, it is certainly a good plan to correct this condition at once, rather than to wait until the condition is more serious. If the young pupil is fortified by the toning and building up of blood tissue, the prevalent school infections, measles scarlet fever, and diphtheria, are much more likely to pass them by. Pepto-Mangan (Gude) is especially indicated as a blood tonic and general reconstituent for children, as it is palatable, easily taken, free from disturbing effect upon the digestion, and devoid of constipating action. It can be taken for any length of time without danger of injury to the stomach, and its effect is soon noticeable in increased appetite, improved color, better spirits and increased weight.

OUT OF THE GINGER JARS:—Most rat holes will bear looking into. Isn't the lover who braves the storm a rainbeau?

It doesn't require an axe to cut an acquaintance.

Corn on the cob is more acceptable than corn on the foot.

Many a man is in great fear that he will get all that is coming to him.

We notice that most people who are consumed by curiosity still survive.

If our mistakes teach us nothing it were hardly worth while to make them.

Though we may never have lost any, most of us are looking for money all the same.

A hen will spend a whole day getting up an egg that a hungry man can eat in a minute.

Here is a good question for lyceums to discuss this winter: "How much is enough?"

When you buy a balky horse you may not pay for any harness, but you will be sure to get a halter.—*Farm Journal for Nov. 1911.*

GERMILETUM is a mild antiseptic solution that may be used with good results in all diseases, wherever an antiseptic solution containing the ingredients of Germiletum are indicated. As Germiletum is much more concentrated than the general run of antiseptic solutions now offered the physician, it must be diluted to meet the indications in all official work.

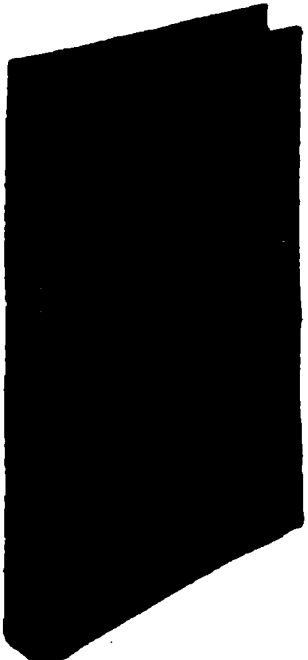
In buccal infections, in diseases of the mucous membrane of the throat, injections, dilute and use warm. For hemorrhoids, rectal fissures the astringent properties of Germiletum will give quick relief. Saturate a gauze pad with full strength Germiletum and bind

in position. For rectal injections, dilute and use at body temperature. For skin diseases of acid diathesis, use Germiletum full strength.

In general use Germiletum in all perversions of the mucous membrane, catarrh of the nose and throat in solutions as indicated.

In milder solutions as vaginal or urethral or rectal injections, use warm solutions of Germiletum, as it adds to its efficacy, but is not essential when used merely as a mouth wash, and in the very many ways in which a disinfectant and deodorizer can now be used.

A QUAIN TALE OF THE ORIGIN OF SYPHILIS:—When you have finished Fracastor's tale—**THE ORIGIN OF SYPHILIS**—you will lay it down and say: "Now that's a book worth while." Little did Fracastor dream way back in 1530 when he was writing his famous work, that in 1911 an American publisher would issue an English translation.



Finishing his delightful mythological origin of syphilis, Fracastor plunges into a description of its symptoms and manifestations, which, for word painting cannot be surpassed. Possessed of a keenly observant mind, and the wielder of a pen that records his thoughts with cameo-like distinctness—Fracastor has given us what is truly a masterpiece. Whilst science has lately rewritten the story of syphilis, and may rewrite it again a generation hence, yet Fracastor's book will live—for, verily, it is one of man's imperishable works. The book may be secured from the Philmar Company, Fidelity Building, St. Louis, Mo., for two dollars.

RELIEF FROM CEREBRAL AGITATION:—In most instances the actual causative factor of extreme cerebral agitation is beyond the physician's power to correct, and all he can hope to accomplish with the means at his command is to pacify and procure for the suffering patient sleep. For this purpose, he can use no agent with more definite properties, nor one that is safer as a soporific, than Daniel's Concentrated Tincture of Passiflora Incarnata, or as it is now known to the profession, PASADYNE (a name adopted for convenience and to prevent substitution). PASADYNE will tranquilize the patient and bring about a deep, restful sleep, proving more efficient than chloral or the bromides. A still further advantage is its freedom from direct or indirect dangers—such as depression of vital functions or habit-formation. A sample, sufficient for trial, will be furnished any reputable medical practitioner, if the request is sent to the Laboratory of John B. Daniel, Atlanta, Ga.

PREVENTION OF NEPHRITIS:—In scarlet fever, diphtheria, typhoid and other infectious diseases, it is a commonplace of practice to watch the urine and to take every precaution against nephritis. The discovery of the peculiar property of the chemical combination, $C^6H^{12}N^4$, to give off formaldehyde and other obscure but effective antiseptic agents, *at body temperature only*, was one of the most epoch-making in the history of therapeutics. Cystogen, a refined preparation of the afore-mentioned chemical, has been extensively prescribed for more than fifteen years and has been preferred to other products by many physicians on account of its uniformity of action and non-irritating property. More recently, Cystogen-Lithia (cystogen, 3 grs. and lithium tartrate, 3 grs.) in the form of an effervescent tablet has been given preference; one of these tablets dissolved in a glass of water, makes at once a proper dose and menstruum, to be taken at meal times or between meals, as the prescriber may direct.

WHEN THE HEART IS WEAK the whole body suffers; every function is depressed, every tissue shows the lack of adequate nourishment. Effective treatment, therefore, should aim to accomplish not merely cardiac stimulation, but a great deal more. This is why *Gray's Glycerine Tonic Comp* has proven so valuable in diseases of the heart. Used in appropriate doses it not only supports and reinforces the heart's action, but in addition so improves the appetite, promotes digestion, aids assimilation and increases functional activity that the whole bodily nutrition is markedly elevated and the general health correspondingly improved. Gray's Glycerine Tonic Comp. has, therefore a wide range of usefulness in the treatment of cardiac affections, and while not a specific cure-all, it exerts a tonic reconstructive action that not only reinforces the heart, but lightens its burden. It is a prescription originated by the late Dr. Jno. P. Gray, so long at the head of the N. Y. Hospital for Insane at Utica, N. Y.

A NEW ORGANIC SILVER PRODUCT.—Syrgol, an oxyalbuminate of silver, has come into wide favor lately in Europe as a bactericide, and is now being introduced into America. Promptly destructive to the gonococcus, Syrgol has been especially recommended for use in gonorrheal infections, rigid clinical tests showing that it is highly efficient for this purpose. Besides its marked bactericidal properties, Syrgol possesses the added advantage of freedom from irritation, and comparative cheapness. It is potent in solutions as weak as one-fourth per cent. Syrgol is prepared in the laboratory of the A. G. vorm. B. Siegfried, of Zofingen, Switzerland, and is being introduced into America by Mr. Julius Schmid, Astoria, New York who will be glad to supply American physicians with a liberal supply suf-

ficient to test its merit. Syrgol is carried in stock by all wholesale druggists.

SOME POINTS ON IODINE THERAPY.—In administering iodine, that product will naturally be chosen which introduces in the tissues of the body the most effective dosage and which is freest from the possibility of iodism. In syphilis, particularly, in which iodine must be administered for long periods of time, these are features that should determine the choice of preparation to be ordered. In Idoneen (Curtis) will be found a maximum of therapeutic power with a minimum of untoward effects, points that warrant its extensive employment. The iodine contained in Idoneen quickly and easily disassociates itself to exert its remedial influence. The advantages of Idoneen are prompt therapeutic effects and its freedom from iodism, factors that entitle it to the consideration of every physician employing iodine products. A sample bottle of Idoneen with literature, may be had by addressing The Idoneen Chemical Company, Cleveland, Ohio.

AN IDEAL PURGATIVE MINUS CATHARTIC INIQUITIES:—This elegant production, Prunoids, represents a real advance in the therapy of intestinal constipation. No one can use this remedy without being impressed with its prompt effects, convenience of use and surprising absence of undesirable consequences. The tablets are edible, pleasant to take, and will always be found to be a safe and positive eliminating agent in either toxic or non-toxic conditions of the intestines. They do not excessively excite peristalsis and therefore do not produce griping or irritation of the gastro-intestinal mucous membrane. It is certainly a scientific achievement in the successful treatment of constipation, for "after-constipation" will not result from its use, and in the language of Dr. J. P. Hawes, it proves to be "a laxative that is pleasant to take, does its work nicely, and QUILTS there."

FOR THE IDLE STOMACH:—In describing this pharmaceutical product we can do so best by quoting a prominent physician, who had this to say for Seng: "When the practical application of a drug demonstrates its usefulness, not in one case, but in many cases, as Seng has done for me, I am ready to believe in its therapeutic value. In my experience Seng will stimulate the secretory glands and, after cleansing with necessary eliminants, it will render the alimentary canal physiological. In treatment of digestive derangements, whether primary or symptomatic, I find that in connection with a rational diet and indicated correctives, Seng will stimulate gastric secretion. In

anemia and chlorosis, where the motor functions of the stomach are not disturbed, yet there is a decrease in secretion of gastric juices, it is of greatest value as collateral treatment."

THE PERILS OF BRONCHITIS:—It is for the aged and anemic, that bronchitis has grave perils. The possibility of a severer infection grafting itself on the primary bronchial inflammation at once points to the wisdom of instituting treatment whose purpose will be to enrich the blood stream and add resistance to the tissues of the body.

NUTROMUL (Brown's Cotton Seed Oil Emulsion) possesses a peculiar fitness for this office; the prescriber may feel sure that the object of its administration will be fulfilled. **NUTROMUL** contains a large proportion of cotton seed oil, which is at last enjoying high favor as a reconstructive, and also the hypophosphites of lime, soda and manganese. It will aid materially in warding off the perils of bronchitis. A sample of **NUTROMUL** may be obtained by addressing Nottoc Laboratory, Atlanta, Ga.

"A CHAIN IS NO STRONGER THAN ITS WEAKEST LINK." A man is no stronger than his stomach. It is not enough to do the digesting for the stomach, we should properly feed the digestive cells in order that they may do their own work. The nucleo-enzymes feed the cells, and as found in *Peptenzyme*, makes it different from all other digestants. See that your prescription reads "*Peptenzyme*," and accept no substitute. If not familiar with this excellent preparation send for samples and literature to Reed & Carnrick, 42-46 Germania Ave., Jersey City, N. J.

THIS IS FOR YOU, DOCTOR!—Those unfamiliar with **HUX-A-VIN**, the antiperiodic and antimalaria par excellence, that is being offered by the old reliable house of The Tilden Company, will do well to write for a free sample, and especially those members of the profession that are in districts where malaria is an ever present, both acute and chronic.

Every physician should investigate this most valuable prescription. That the article originated and is being marketed by The Tilden Company is sufficient guarantee of its efficiency.

A PERSUASIVE TONIC NOT A THERAPEUTIC LASH:—Clinical observations demonstrate *Cactina Pillets* to be a mild tonic stimulant to the heart, acting both on the mechanism and directly upon the heart muscle. Its continued use will promote cardiac nutrition and overcome

atony of the heart muscle. And in this assistance it affords the heart and circulation there is absolutely no danger of creating untoward symptoms or annoyance to the patient.

INTESTINAL ATONY:—A considerable proportion of all cases of intestinal indigestion can be traced to muscular insufficiency and deficient circulation in the submucous coats. Treatment directed toward increase of muscular activity is all important, and in conjunction with massage and other mechanical forms of tonic stimulation, Gray's Glycerine Tonic Comp. has given uniform satisfaction.

SOME VALUABLE DATA:—Scarcely a day goes by that the busy practitioner does not have occasion to look up the solubility of some important drug. If you will write to Messrs. Purdue-Frederick Co., 298 Broadway, New York, N. Y., they will send you a very handy little table covering this point as to some of the most important drugs in almost daily use, that will be found very useful for ready references.

Selections

EPILEPSY AND THE EPILEPTIC TEMPERAMENT.—Edward Livingston Hunt, New York, divides epilepsies into early epilepsy, the result of encephalitis, hemorrhage, or thrombosis; organic cases following traumatisms and focal brain diseases; and late epilepsies which are generally the result of toxemias, alcohol, syphilis, or cardiovascular changes. The author gives a history of epilepsy from the earliest times. The epileptic is a physical and mental degenerate. Smallness of stature and slightness of build, astigmatism, high arched palate, and asymmetrical cranium are characteristics that are often seen. There is mental impairment sometimes amounting to dementia. The epileptic is an egotist who thinks he is able to accomplish wonders while he really accomplishes nothing. He is difficult to get along with, is bad tempered and selfish, and his memory is poor. Impulsiveness is characteristic, and anger and rage are frequent and uncontrollable. There are periods of exalta-

tion and depression; often these patients are religious cranks and hypocritical. Many have a hatred of some one individual. Mentality degenerates, and the patient becomes vicious and sullen. An epileptic is probably not responsible for crime. Cases of double personality are generally epileptic.—*Medical Record*, August 5, 1911.

SODIUM CITRATE:—The *New York Medical Journal* for June 17 states that the almost specific effect of sodium citrate in the vomiting of nurslings and of bottle fed babies is the subject of an article in *L' Union Medical du Canada* which cites Variot (*La Clinique Infantile*) who has established after seven years experimentation, the absolute harmlessness of this salt, and its action, previously unsuspected, of regularizing the peristaltic contractions of the intestines, as well as its property of attenuating the curd of cow's milk. A neutral combination results from mixing 23 grains of sodium citrate with 35 grains of sodium bicarbonate, and from 15 to 30 grains may be given daily to a nursling. Vomiting is due not only to superalimentation, but to insufficiency of food, which also produces contraction of the infantile stomach: in cases of both kinds, citrate of sodium acts with delightful certainty. To four ounces of water, two-thirds of an ounce of simple syrup may be added and 25 grains of the sodium salt dissolved therein: of this mixture six or seven tablespoonfuls may be given in 24 hours. It will be found to control vomiting even in those cases in which the mother's milk acts as an irritant.

THE TOPICAL USE OF IODINE.—Tincture of iodine may be used in full strength even on the peritoneum, provided, and this is important, that the surface to which it is applied is left a dry brown, no excess being allowed to drip down and collect in pockets or crevices. It may be used in solutions of varying strengths to irrigate cavities of wounds or organs, provided the excess is flushed out with normal

salt solution. The object desired is, I repeat, to coat the surface infected or likely to be infected without leaving a mischievous excess for absorption. This will overwhelm the germs in situ and stimulate phagocytosis, Nature's own antiseptic.

For this reason the injection of pure tincture of iodine into cysts, closed abscesses, inflamed glands or joints, or dropped into wounds, will, it is believed, prove disastrous, for wherever there is more of the drug than is necessary to overcome the germs and stimulate phagocytosis and granulation there will be the same local effect as with any irritant, with gangrene, sloughing, pain, and general idioism as ever present dangers.—*Major Frank Woodbury in the New York Medical Journal.*

USES OF BORIC ACID:—Some of our remedies combine cheapness with therapeutic worth. Such an one is boracic acid. As an antiseptic in minor surgery it is not surpassed by the more powerful ones. A saturated solution is destructive to most forms of germ life. For irrigation of the uterus and bladder we have no single remedy that is more efficacious than boracic acid solution. In ocular inflammations, and even those of septic and specific origin, boracic acid is a dependable remedy. In ophthalmia neonatorum it is now often used instead of nitrate of silver. In cystitis with fetid urine ten grains of boracic acid three times a day soon proves corrective. It is one of our best remedies for bromidrosis. Wounds, sores and cavities may be cleansed with boracic acid water before applying other remedial agents. It is free from danger, and this cannot be said of the indiscriminate use of carbolic acid and bichloride of mercury. Seldom is a more potent antiseptic required than boracic acid and hot water.—*Med. Summary.*

TREATMENT OF WHOOPING COUGH.—After making a diagnosis, I order a fluid diet and prescribe:

R Compound syrup of squill.....dr. iii
Compound syrup of cocillana.....oz. iv

Dose to be regulated according to age as follows: From one to two years, fifteen drops; from two to three years, twenty-five drops; from three to four years, forty drops; over four years, teaspoonful; dose to be repeated every four hours.

This treatment will result in a cure in the severest case, in from four to twenty-one days. In every one of my cases the paroxysms were reduced in number from the first day, and by the end of the first week, were either from three to six hours apart or had entirely ceased. Vomiting is rare after the first week and bad nights the exception. The paroxysms during this time are easily borne by the child, and in the great majority of cases the child will not be frightened at its approach, but keep right on with its play.—*New York Medical Journal*, April 1, 1911.

THE TECHNIQUE OF URETHRAL EXAMINATIONS: Walter S. Reynolds, New York, believes that when dealing with a chronic urethritis one should make a clear diagnosis of the extent of the disease in order that the treatment may be effective. The history should be carefully inquired into as to duration of the attack, severity, frequency of urination, and as to what time of the day the symptoms are most pronounced. The examination should be made some five or six hours after urination, preferably after a night without it. A loop full of the discharge should be washed out with a mild boracic acid solution until the fluid returns clear. Urine should be passed into a clean glass which will contain that from the posterior urethra. Prostate and seminal vesicles should be examined after gentle massage, and the rest of the urine passed for examination of the prostatic secretion. Each specimen should be separately examined, and each will reveal the condition of the respective portion of the urethra. Examination for stricture is then to be made.—*Medical Record*, July 1, 1911.

IF FEHLING'S SOLUTION be prepared and kept in one bottle, it is apt to deteriorate, hence it is best preserved in two bottles, as follows:

- | | | |
|----|----------------------|--------------|
| 1. | Copper sulphate..... | 505.9 grains |
| | Water to make..... | 1 pint |
| 2. | Rochelle salt | 6 ounces |
| | Sodium hydrate | 730 grains |
| | Water to make | 1 pint |

In a test-tube add about one drachm of 1 and 2 and dilute this with an equal quantity of water. Urine is carefully added and the solution boiled. If sugar be present, a play of colors ranging through green, yellow, orange and red is observed.

Fehling's solution is hard to keep. Albumin must first be removed by coagulation by heat. Ammoniacal urine must first be boiled with caustic potash, it may then be tested for sugar. Turpentine, chloral, camphor, cubebs and copaiba also reduce copper.—*Med. Brief.*

TREATMENT IN DELIRIUM TREMENS:—After studying 1,106 cases RANSON and SCOTT say that medical treatment of delirium tremens is much more effective in the first than in the second stage of the disease. Their results would indicate that incipient cases should receive large doses of the hypnotics, of which veronal is by far the best, whiskey should be given regularly, and ergot administered at frequent intervals either by intramuscular injection or by mouth. Such medication should be discontinued gradually and only after all signs of restlessness and tremor have disappeared. The delirious patient should receive veronal in moderate doses—all other hypnotics, and especially morphine and hyoscine, should be withheld. Ergot should be given as in the incipient cases. So far as the delirious patients are concerned, their data do not give conclusive evidence whether or not whisky should be regularly employed.—*Therapeutic Gazette.*

TONSIL REMOVAL WITH SPECIAL REFERENCE TO QUININE ANESTHESIA:—Bryan D. Sheedy, New York, thinks that when the tonsil is diseased one should do a removal of the entire organ in its capsule, instead of the old operation of partial removal. Many serious nervous and catarrhal conditions result from the enlargement of these organs. The operation should be done, not in the office or dispensary, but in the hospital, the patient remaining there over night. When necessary ether should be given; cocaine and adrenalin are dangerous to life. The injection of a 5 per cent. solution of quinine bisulphate will remove all pain if the solution is deposited outside the capsule of the tonsil and into the cellular tissue forming its bed. The technique of the operation is carefully detailed. The tonsil is shelled out by the wire of a snare. There is some hemorrhage, but not a dangerous amount.—*Medical Record*, October 21, 1911.

TREATMENT OF ACIDOSIS:—Lichivitz, in *Therapic Uronatshefte*, advocates sodium citrate or sodium bicarbonate for the treatment of acidosis. He says that sodium citrate is practically tasteless and may be added to food and also given dissolved in water with the addition of lemon juice. When given this way it makes a very pleasant drink. Sodium citrate causes much less disturbance to the digestion than sodium bicarbonate. He has given sodium citrate up to 50 grams a day, and it has not caused diarrhea, that sometimes results from large doses of sodium bicarbonate. He also adds that it is theoretically possible to give sodium citrate solution by subcutaneous injection, while the strong alkaline reaction of a sodium bicarbonate solution prevents its use subcutaneously. However, he has had no personal experience with subcutaneous injections of sodium citrate.—*Medical Standard*.

THE COLD ENEMA: The cold enema is a very valuable means of reducing the temperature in fevers of children.

and in typhoid fever it is an excellent means of stimulating the liver and kidneys, besides cleaning out the colon. The water is introduced through the rectal tube, and should be injected slowly, the reservoir being about one foot above the patient's pelvis; it should be retained ten to twenty minutes, and then slowly let out through the tube, and another quantity of cold water run in. This procedure is repeated two or three times without withdrawing the tube. It is well, in some cases, to begin the treatment with the first half-pint of the enema at 90 degrees F., and then steadily, but rapidly, reduce the temperature of the rest to 70 degrees F. This helps the bowel to tolerate the enema, and prevents its premature expulsion.—*Pediatrics*.

AN EARLY DIAGNOSTIC TEST FOR GASTRIC CARCINOMA: Herman Oppenheimer (quoted in Chemical Abstracts) filters the stomach contents, obtained by aspiration 40 minutes after the test breakfast, and adds to 5 cc. of the clear filtrate 3 per cent. acetic acid drop by drop. In positive cases a cloudy precipitate results, which dissolves in excess of acetic acid or on addition of a few drops of hydrochloric acid (mucus not so dissolved), but not on dilution with five times its volume of water. The method gave a positive reaction in all cases where the tryptophan test was positive, and it has an advantage over the latter test in not being affected by the presence of blood, trypsin or bacteria.—*Denver Medical Times*.

THE TREATMENT OF GASTRIC HYPERACIDITY WITH HYDROGEN PEROXIDE:—Hall has studied this subject and concludes in the *Boston Medical and Surgical Journal* that H^2O^2 diminishes the amount of hydrochloric acid in the stomach.

That those patients with hyperchlorhydria get great or total relief from their symptoms.

That there is a gain in weight.

That it does not appear to benefit cases with active ulcer.

That this method of treatment is a useful addition to the methods already in use, in the treatment of hyperchlorhydria.—*Therapeutic Gazette*.

RESULTS IN TWO CASES TREATED BY VACCINE THERAPY:—C. L. McDonald, Cleveland, Ohio, presents the histories of two cases of chronic infection which were quickly cured with the aid of vaccine therapy. In both cases other treatment had failed. They were both due to the *Staphylococcus albus* and were treated with stock vaccines prepared by the author.—*Medical Record*, October 21, 1911.

“IN FRACTURES, if the swelling be very marked, if there be evidence that the extravasation has not attained its maximum, the limb should be elevated and subjected to the compression of a rubber bandage, and this should be followed by gentle massage, before the plaster bandage is applied.”—*Ware*.

IF A CHRONIC LOCALIZED OSTEO-PERIOSTITIS, as shown by the X-ray, continues to give pain in spite of internal (specific) treatment, the bone should be explored. One is very apt to find a small collection of pus in the medulla, of which the radiograph gives no indication.—*The American Journal of Surgery*.

SPECIALISM IN MEDICINE:—Edwin B. Cragin, New York, warns students and young practitioners against narrowness in specializing, based upon a lack of broad general education and of a sufficient number of years of preliminary general practice. The physician should have a general hospital and dispensary service of several years, and, if possible, foreign or special study in his chosen line before he begins to practice specialty. Opportunity and natural taste must influence the student in the choosing of his specialty. Low ideals and insufficient preparation do not bring permanent satisfaction or rewards.—*Medical Record*, October 21, 1911.

PHILLIPS' MILK OF MAGNESIA (MgH_2O_2)

An Efficient Antacid and Corrective.

Useful in the Gastro-Intestinal Irritations of Infants, Child and Adult Life

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Original Communications.

TUMORS OF THE LIVER.*

BY W. A. BRYAN, A.M., M.D.,

*Professor of Surgery and Clinical Surgery in Vanderbilt
University, Nashville, Tenn.*

It is a common experience for both surgeon and physician to fail to recognize many of the rather common affections of the liver which produce enlargement of this organ as a whole or in part, and this failure is due partially to the inherent difficulties encountered and partially, I believe to a want of knowledge of the possible pathological changes in the structure of the organ and in its adnexa.

*Read before Nashville Academy of Medicine, Tuesday, Oct. 10, 1911.

To illustrate, when one is called to examine a liver the conditions to be eliminated are about as follows: cirrhosis, syphilis, cancer, abscess and cysts; and we think that when these have been investigated the gamut is run and nothing remains. Such a limited view of the possible pathological changes of other organs would lead us just as often astray in dealing with diseases affecting them. When, therefore, we deal with the liver, the most minute knowledge of the possibilities is required; for from the outside, from a diagnostic standpoint it is often impossible to know how to interpret the symptoms, and from the surgical or pathological standpoint it is often quite as difficult to interpret the lesion when a visual and manual examination is possible, as those will bear me out, I think, who have often attempted to say specifically what the pathological condition of a diseased liver really is.

I have undertaken, therefore, in this paper, to consider those lesions which produce hepatic enlargement with a view of arriving at a clearer understanding of the lesion from a clinical examination and especially after an exploratory incision has been made. Owing to the magnitude of the subject I will try to discuss only those conditions which produce, as a rule, enlargement of a portion of the liver, or which simulate such enlargement and therefore may be confused with it. I have purposely omitted the acute inflammatory processes and abscess.

It is probably better to group the lesions under three divisions, namely: first, those which are not pathologic, including form-anomalies, corset livers, hypertrophy, Riedel's lobe, and the presence of the liver or a part of it in umbilical hernias; second, those which are due to pathological changes originating in the liver, namely, adenoma, carcinoma, sarcoma and cysts; and third, those pathological conditions in which the liver changes are a part of, or secondary to a primary local or general disease, namely tuberculosis and syphilis. The first group are in the main devoid of symptoms except for the mechanical disturbance

that may arise occasionally; the second group produce either no symptoms or, if so, they are usually primarily wholly referable to the liver and its functionally correlated structures, and affect the general economy only as a result of extension to the other structures, if at all; the third group may produce their chief symptomatology as an evidence of a hepatic lesion, but have associated with them more or less patently evidences of the involvement of other structures or of the whole system.

A part of a lobe or a whole lobe, right or left, of the liver may be wanting as a congenital or developmental defect, and the remainder of the liver undergo compensatory hypertrophy. So long as an individual of this type remains sound and well, no evidence of his defect arises. However, the possibilities of egregious error become apparent, when an obscure condition arises in which the condition of the liver figures conspicuously from a diagnostic standpoint, for one may easily see how the enlargement of the right lobe, for instance, could lead the diagnostician to accept it as a part of the pathology affecting the patient at the time. Only by a careful physical examination and demonstration of the absence of a lobe, or by obtaining a history of some previous examination can error be avoided. I grant you absence of a lobe is a rare anomaly, but it is often the rare cases that we completely fail in.

Corset livers are probably much more common in moderate degree than we suspect, and yet of sufficient extent to cause us to state that there is hepatic enlargement and to direct our treatment accordingly. A point in this connection is that no woman's statement about tight-lacing should be accepted without a grain of salt, when there is any evidence to the contrary. The tightest lacers deny it most vehemently; it is an old sore with them. In corset livers of extreme degree, the new-formed lobe, which is a part of the right lobe usually, and carries the gall-bladder with it, may be so loosely attached to the body of the liver that it can be folded back as on a hinge. Traction on the cystic

and the common ducts produces a variable stagnation in the flow of bile and may produce jaundice (Virchow) and even gall-stones. The dependent, loose, corset lobe may be confused with movable kidney. But a history of the case, if obtainable will prevent confusion; the important fact to remember is that such a thing as corset liver does occur.

Riedel's lobe is always associated with gall-bladder disease. The heavy distended gall-bladder, usually due to cholelithiasis, by its prolonged and continued or repeated traction on the liver causes a more or less tongue-like process of liver substance to extend down from the right lobe at the gall-bladder notch. I have a patient under my care at present who had this condition. She had a cystic gall-bladder filled with several ounces (6 or 8) of clear fluid and blocked at its neck by a single large stone. The fundus of the gall-bladder and the lower end of the Riedel's lobe lay at McBurney's point.

The liver, or a part of it usually, may occupy the sack of an umbilical hernia and be mistaken for a new growth, or be constricted and deformed by the ring.

General hypertrophy of the liver is rare and difficult to recognize, on account of the wide normal variations. However, partial compensatory hypertrophy is very common, where slow destruction of the parenchyma has been produced, and in those cases where liver substance has been removed or devitalized. It is seen both in the large and the alveolar types of echinococcus cyst, in corset livers, in syphilitic livers and in cases of tumor and old abscess of the liver. It follows traumatism of the liver, provided that a sufficient quantity of liver cells is left to maintain life for a time. In experimental work with guinea pigs it has been demonstrated that from one-half to three-fourths (one experimenter says seven-eighths) of the organ may be removed without producing death; in a short time the remainder of the liver has hypertrophied sufficiently to weigh as much as the original entire organ.

Although there are several forms of adenoma of the liver,

interesting, all of them, from a pathological standpoint, there is only one type that concerns us in a clinical or a surgical way. . . That is the type arising from the bile ducts, it may become cystic and produce enormous enlargement of the liver. They are rare and their true nature, beyond the fact that they are cysts, cannot be determined except by laparotomy. They are amenable to the same surgical rules of treatment as other cysts of the liver.

Primary carcinoma of the liver is very rare; but there are probably not many of us who have not seen one or more cases of it. There is a pathological saying that the organs least frequently affected by primary cancer are most often the site of metastases. The liver belongs to this group. Primary cancer of the liver is found once in every one to two thousand autopsies. It is usually found in the second half of life. There are three types: 1. The single tumor, massive carcinoma. 2. Diffuse or infiltrating carcinoma. 3. The multiple nodular type.

The massive type occurs about once in every four cases of cancer of the liver and usually is found in the right lobe, as a single white or yellowish mass ensheathed by a hull of thinned out liver tissue. The tumor bulges from the affected lobe as a distinct palpable tumor mass, or it may produce a uniform smooth enlargement of the lobe. In the bulging form it produces sometimes adhesions to structures in contact with it. As the tumor grows there develop secondary nodules in the substance of the liver. When the diagnosis of cancer of the liver can be positively made by the symptoms, cachexia, pain, marked nodulated, diffuse enlargement and digestive disturbance associated with ascites and the appearance of axillary, supra-clavicular or inguinal lymph nodes, the only benefit to be derived by an accurate diagnosis is to save the patient the unnecessary ordeal of an exploratory incision. On the contrary, when a patient presents himself with a single firm nodule of the liver, of recent origin, even if the patient is many years under thirty, whether pain be present or absent, whether there be di-

gestive disturbances and jaundice or not, the diagnosis of cancer should be made after excluding syphilis by diagnostic or therapeutic means, for other tumors of the liver are so extremely rare that they are little more than curiosities. If umbilicated nodules of the liver appear they are probably secondary cancers and in all cases the body should be exhaustively examined to exclude a concealed primary growth. I saw Prof. Eiselberg do an operation for cerebral tumor, and a couple of days later at post-mortem an undiscovered primary cancer of the prostate was revealed, with extensive metastases of the entire osseous system. The infiltration and multiple nodular types of hepatic carcinoma can not be benefitted by surgery even when guessed at early in their course, and may be recognized by the usual signs and symptoms of hepatic cancer. Frequently the first evidence the patient has of cancer of the liver is an unexplainable enlargement of the abdomen, often attributed to gas, associated probably with a reduction in weight, and heaviness, pain, or discomfort in the liver region.

In our efforts to exclude syphilis and other lesions we must not forget that an individual who has a disease that might produce, or who actually has had, a definite hepatic enlargement is still capable of having cancer. Its incidence is perhaps even favored by a former lesion, as in cases of adenoma and cirrhosis.

Sarcoma assumes the same three forms as were given under carcinoma, but the massive type occurs in about one-third of the cases, a fact that, theoretically at least, should render a few more amenable to surgical treatment. This tumor is possible in the liver at any age, and doubtless many of the cases of tumor of the liver in the very young, which have been interpreted as carcinoma, have been really of a sarcomatous or a syphilitic origin. The well known tendency of sarcomata to hemorrhage into the tumor mass obtains in those of the liver, with perhaps increased probability, and thus the tumor may undergo rapid and extensive accession in size. No other solid tumor of the liver shows

this phenomenon. The blood may clot or result in the formation of a cystic sarcoma. On section the tumor mass shows a mottled appearance.

Of cysts, those caused by echinococcus are the most frequent, but they concern us locally very little and will in all probability continue to do so. They cannot be recognized with certainty until their internal structure is observed or a microscopical examination of their contents is made, even when their cystic nature has been recognized by clinical observation, except when echinococcus thrill can be felt. It may be wise to observe in this connection that in no instance is aspiration of a liver transperitoneally justifiable when there is a remote suspicion or a possibility of the etiological factor being a micro-organism that could contaminate the peritoneum, unless the patient's consent has been given and preparation has been made for operation if such infectious agents be discovered. Then the operation should be done while the aspirating needle remains in situ, at least until evacuation of the cavity has been accomplished. A further observation may not be amiss, to wit, that in all fruitless attempts at aspiration of the liver, the vacuum should remain connected with the needle during its slow withdrawal, so that if a focus of fluid has been penetrated it may be discovered on the return of the needle.

Hepar lobatum, a syphilitic condition, is produced by the contraction of new-formed connective tissue in the liver substance. It is found in both hereditary and acquired syphilis. The liver may be enlarged at first and then by shrinkage of the connective tissue be reduced in size to one-fourth the normal or even less. Uneven shrinkage causes a nodulated, lobulated appearance, and the nodules may be so distinct as to be felt through the abdominal parietes.

Gummata of the liver cannot ordinarily be distinguished from tumors by a physical examination; the history, collateral symptoms of syphilis, the Wassermann reaction and the therapeutic test, which should be employed in all doubtful cases will usually clear up the field sufficiently to arrive

at a definite conclusion. Gummata of the liver are multiple in about 85% of the cases. They grow by preference in the region of the suspensory ligament and in the porta. Jaundice may be present. They are firm and elastic and do not tend to break down so readily as in other situations. There is likely to be pain or heaviness in the liver region. The gross picture of the liver is often characteristic, while one or more gummata may appear on the surface of the organ there may be seen alongside of them individuals, often of considerable dimensions, which have resulted from the cicatrization of previous gummata. This picture is seen in no other condition, and should be looked for in questionable cases which undergo exploratory laparotomy. Gummata grow and recede, tumors do not. When gummata are multiple and close together they produce the so-called map-like appearance. They are firm and elastic and give the touch sensation of a dense rubber ball. The tissue adjacent to them is frequently affected by a hepatitis, which is rarely universal. Sometimes calcification occurs and moderate deposits of lime salts are common; adhesions to surrounding structures are frequent. The tendency of gummata of the liver is toward absorption, unless they are very large or situated so that they produce severe complications that may hasten the end of life. Hepar lobatum and gummata are often associated together.

Tuberculosis of the liver may be of several types. The only one concerning the surgeon especially is the solitary tuberculous mass, which may be completely embedded in liver substance or protrude from its surface as a definite tumefaction. Occasionally such masses soften and produce tuberculous abscess in the liver. There are no characteristic symptoms or signs and the cases cannot be recognized definitely as tuberculosis.

As to treatment I have but a few words to say. Hitherto, the liver has been a kind of *noli me tangere* to the surgeon. This is true, first, because he has the opportunity to operate on so few cases as to feel unable to handle it

as he would other organs; and second, because the danger of hemorrhage during operation has deterred him, and the fear of secondary hemorrhage has been a constant dread. Recently, however a plan has been devised for doing bloodless surgery on the liver, which eliminates all danger of present hemorrhage and gives the surgeon opportunity to work as leisurely as the case may demand for hemostasis, for testing its efficiency and for accurate coaptation and suture of the hepatic wound. The plan is so simple and so long in vogue in other fields that it is astonishing that it had not been thought of in the earlier days of abdominal surgery. The plan is this: place one blade of a guarded clamp through the foramen of Winslow behind the gastro-hepatic omentum and the vessels it contains; the other blade is placed in front of these structures. The clamp being closed shuts off the arterial and portal blood supply to the liver and closes the ductus choledochus. The liver shrinks by its elastic contraction, empties itself of blood and becomes pale, so that deliberate work may be done in a clear field. May we not hope that this simple plan will stimulate the profession to great advances in surgery of the liver.

146 Eighth Ave., N.

EARLY DIAGNOSIS OF CANCER OF THE CERVIX UTERI.*

D. R. PICKENS, M.D., OF NASHVILLE, TENN.

I offer no apology for bringing before you an old and much discussed subject. And it is not my intention to put forth any new ideas, but to review the more recent literature; thereby bringing before you the best known means by which we can arrive at a correct and early diagnosis of this increasing malady. It has been clearly shown that the mor-

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tality from cancer is increasing throughout the civilized world. More women die from cancer than from tuberculosis. Taking men and women together, the death rate is rapidly approaching that of tuberculosis.

In a registration area which comprises about 50 per cent of the entire population of the United States there were 30,514 deaths from cancer of all forms in 1907. The death rate per 100,000 increased from 47.9 per cent in 1890 to 73.1 per cent in 1907. In New York in 1907 there were 7,000 deaths from cancer and 13,000 from tuberculosis, and it has been estimated that there exists today in the whole country 80,000 cases of cancer. Statistics clearly show that one woman in eight who reaches thirty-five years of age die with cancer, and 29 per cent of these begin in the uterus. A great deal of work has been done, but more must be done, and until the cause of this dreadful malady has been discovered our greatest hope for the relief of these patients is in the general practitioner, who sees them first and who can teach them the importance of uterine disturbances and the necessity of an immediate examination and an early diagnosis. Sad but true, they often come too late, and as a whole, the profession must establish some means by which menstrual disorders will cease to be looked upon by the women reaching the menopause as a natural consequence. It is true, cancer sometimes affects the young, but these women are more likely to go to the doctor for advice because they cannot attribute it to the "change of life."

We should by some means teach them that the quacks do not cure female troubles, and that a persistent discharge occasionally streaked with blood is suspicious of cancer, and that a flow after the menopause should be called cancer until it can be eliminated.

Clark says that in educating the laity concerning cancer of the uterus that publicity will work in two ways: "First, by instructing women as to the significance of untoward menstrual symptoms, particularly at the climacteric; Sec-

ond, the indolent in our profession will be so shocked by the roorback from this propaganda that he will give closer heed to symptoms which the layman has learned to regard with suspicion."

This has already been noted in Germany where the instruction of the public has been instituted through popular articles in lay periodicals. Impressed by the overwhelming number of patients with inoperable carcinoma seeking care at the German clinics, Winter instituted an investigation to determine the cause, and whether it was remediable. He found, upon careful inquiry, that 33 per cent had been treated for considerable periods of time without examination, the physician simply relying upon a very cursory history for his guide in treatment. As a result of this appalling observation a vigorous campaign against such haphazard and criminal methods was instituted. Four years later in the same locality he reviewed 106 clinic cases with the following results: eighty-seven patients had been examined, nine had been referred to the clinic for examination, and only ten had been treated without examination. Thus there was a decrease from 33 per cent to 10 per cent in four years.

Sampson, after investigating 412 cases of cancer admitted to Johns Hopkins Hospital, found that in 93 per cent of the patients bleeding occurred in some form or other. It varied from a slight show to a profuse hemorrhage. He clearly emphasizes by this investigation that a very short period of neglected bleeding determines the horrible fate of the patient. In this disease days are vital to the patient's welfare. They rarely live over three years; three-fourths die in two years, and one-third within one year after the very first manifestation. Only 30 per cent of cases in this country are operable when diagnosed, and only 13 to 25 per cent of such cases are cured by operation for a period of almost five years.

. With our profession it is a well established fact that early operation is the only cure for cancer; to the layman this

remedy is the one most abhorred. The terror inspired by the knife is so well known that every vampire seeks to offset this horror by advertising in the most seductive way a sure cure without surgical means; and we frequently see these advertisements in the most reputable periodicals, prominent headlines being devoted to the statement that cancer is not cured by the knife, which every layman sees, and immediately recalls the number of individuals who have not been relieved by an operation or who died from its effects. In surgical cases the layman always hears of the mishaps and fatalities while the good results may be overlooked. To paraphrase Mark Antony's funeral oration, "The evils of operation live after them, but the good is interred with their bodies."

Housed by our ethics, medical knowledge has been in the past too much the property of a closed corporation. This is wrong, for how can we expect the co-operation of the layman unless we furnish him with scientific knowledge upon the subject? The American Medical Association has taken some steps along this line already, but enough has not yet been done for so worthy a cause.

We must necessarily lead a guarded course, for to generate in the mind of the neurotic the fear of this disease when it is not present would lead to evil results. The word cancer means terror and so completely crushes hopes that we must attempt this education with care. There must be assurance that not every atypical menstrual flow is indicative of cancer, but that such should be treated in order to prevent a more serious condition. Just so long as we sit quietly by and make scarcely any efforts to combat the appealing advertisements of the quacks, just so long will these charlatans continue to rob our friends and people, not only of their money but also of their lives, with their "simple, painless and positive cures."

Cancer of the cervix may originate from the squamous epithelium which covers the vaginal cervix or from the glands and epithelium of the cervical canal, and it may be

either one of two forms—squamous cell carcinoma or adenocarcinoma—the early symptoms being practically the same, I will not attempt to differentiate between them.

Unfortunately symptoms of cancer in the beginning are slight, so slight that they often pass unnoticed until it is too late. One prominent surgeon has estimated that only 46 per cent are operable when diagnosed. Another places them at 19.5 per cent. But the large per cent of inoperable cases is being reduced where attention, not only of the doctors but also of the women, is being strongly called to the dangers of allowing an atypical, menstrual or leucorrhœal flow to continue without consulting a physician. But when we have educated the women and are on the alert ourselves it is not always an easy matter to make a positive diagnosis. The means by which we may arrive at some conclusion may be mentioned under four headings:—

1. History of the case.
2. Symptoms that bring the patient to us.
3. Physical signs.
4. The microscope.

History:—A careful history is of great value in these cases. Let the patient tell what menstrual disturbances she has had, kind of discharges, how long she has suffered from female trouble, and whether she has borne children. Occupation and social standing sometimes throw light on the trouble.

Symptoms:—The only early symptoms are hemorrhage and discharge. By hemorrhage I mean a slight irregular flow, which may follow exertion, such as a long walk, straining at stool, intercourse, or a leucorrhœa that is streaked with blood. This blood may be so slight as to escape notice or so small in amount that little attention may be given it, but a woman who finds her clothes stained with a few drops of blood following any of these should know that it usually means trouble and that it is nature's alarm. Ashton says, that hemorrhage either in the form of menorrhagia or slight

flow of blood at irregular periods is the most important symptom of cancer of the cervix. It usually begins long before ulceration has taken place, and is due to the endometritis which is usually associated with the disease or to the rupture of the vessels in the papillæ which grow from the cervix.

Leucorrhœa usually occurs very early in the disease, but, as most women have more or less leucorrhœa, a slight increase in amount would pass unnoticed, but a discharge streaked with blood at irregular intervals with or without odor demands most careful examination. A profuse watery discharge has been known to precede the development of cancer of the cervix, and it usually produces a severe pruritus vulvæ. Such a condition should be watched most carefully.

Physical Signs:—These should be studied by (1), touch; (2), sight. Palpate the cervix and vagina, noting any induration that may be present; then a most careful vagino-abdominal palpation to determine the condition of the body of the uterus and other pelvic organs, noting the state of the periuterine tissue and mobility of pelvic organs. Sight:—A bivalved speculum in place, we should note condition of cervix and vaginal mucous membrane, see if cervix is lacerated, hypertrophied, eroded, or ulcerated, also note color; a pale nodular cervix with a glazed look is suspicious of adeno-carcinoma. If ulcerated see whether it bleeds easily or not; a cervix rough, friable and bleeding on slight manipulation is usually cancerous.

The Microscope:—Last, but not least at our command, is the microscope. Whenever in doubt or there is suspicion, clip out a wedge shaped piece as large as can conveniently be gotten and send to a competent pathologist. If cervix seems normal and there is suspicion of cancer curette the cervix and uterus and send scrapings for examination. If it be a lacerated cervix with erosion and eversion of mucous membrane repair it as soon as possible and send clippings gotten in this way. I believe it would be a good rule to have

all tissue removed in doing a trachelorrhaphy or amputation examined microscopically. While not infallible the microscope in the hands of the expert is our greatest aid in these cases.

Differential Diagnosis:—The following conditions may be mistaken for cancer of the cervix:

1. Eversion of cervical mucous membrane.
2. Cystic degeneration.
3. Simple erosion or ulcer.
4. Specific ulceration.
5. Scar tissue or induration.
6. Hypertrophy.
7. Cervical Polypi.
8. Submucous fibroma.
9. Condyloma.
10. Chronic endo-cervicitis and chronic endometritis.

Eversion of Mucous Membrane is rare except in cases of laceration of the cervix. It may occur, however, in nullipara from other causes, and it may result from a congenital defect in which cervical mucous membrane extends beyond the external os. An everted mucous membrane is red in color; it feels granular to the touch; does not bleed readily; is not friable; it is without induration; and it is clearly defined from the mucosa of the vaginal surface of cervix. A slight leucorrhœa is the only symptom complained of by the patient.

Cystic Degeneration:—Small cysts are easily seen; they have a bluish color, and contain a clear, glairy, tenacious substance which can be pressed out by puncturing the nodule. When this is done the greater part of nodule disappears.

Simple Erosion or Ulcer:—Ulceration here is irregular in outline with sharply defined margins, and the elevated and indurated condition of the edges observed in cancer are absent; no infiltration of surrounding parts; granulations are not friable and do not bleed readily on touch. Its gen-

eral appearance is that of any sluggish ulcer and lacks the inflammatory characteristics of cancer. If an irritating discharge is present or a pessary has been worn we are practically safe in calling it simple. If cervix is lacerated repair it and have clippings examined.

Specific Ulceration:—Tubercular ulceration is usually associated with other tuberculous lesions in the body, and is rare, but it may be primary. Margins are clearly defined, soft to touch and without induration. Cancer always has induration. A positive diagnosis is made by examining scrapings and pus for the Bacilli.

Chancre rarely affects cervix except when lacerated and everted. When it does it has the appearance of chancre elsewhere. Other lesions and history may make diagnosis clear. It yields readily to syphilitic treatment.

Chancroidal Ulceration:—This is also rare and diagnosis is based upon the presence of several ulcerations and history. When thoroughly cauterized it should in a short time show healthy granulations. Bacillus of Ducrey may be found. Any ulcer of cervix resisting appropriate treatment should have a piece excised for examination. Heitzman claims that a 10 per cent solution of copper sulphate will check bleeding from an ulcer of any kind except cancer in a few applications. He says it will heal a simple ulceration in a few days, and uses it in this way as a differential diagnosis, claiming it goes hand in hand with the microscope. I have had no experience with this method.

Scar Tissue:—A plug of cicatrical tissue in the angle of a laceration is a common occurrence and may be mistaken for the induration of cancer. A cervix of this nature should be repaired and clippings examined microscopically.

Hypertrophy may be caused by subinvolution, fibroid changes, or adeno-carcinoma. In simple hypertrophy the tissues are not so hard and there is absence of nodular formations. Enlargement of cervix is usually greater and mucous membrane smooth and normal in appearance. There is no tendency to bleed upon examination, after intercourse,

or straining at stool, but menstrual flow may be excessive, especially when uterus is involved. In cases of doubt the cervical canal should be dilated and its mucous membrane examined by sight and a piece of tissue excised for microscopical examination.

Cervical Polypi:—A polypus growing from uterine or cervical canal may suggest cancer of cervix on account of the hemorrhage and discharge. Suspicion is greater when polypus becomes gangrenous and sloughs, causing a foul discharge, which, with the constant hemorrhage, rapidly produces anæmia and cachexia. The only method of making a diagnosis is to dilate cervix, remove growth, and send to pathologist.

Submucous Fibroma:—This is a rare growth in the cervix, but very frequently in the body of the uterus. Hemorrhage and leucorrhœa suggest the possibility of cancer. If mucous membrane covering the growth becomes necrotic and sloughs, producing an offensive discharge, the suspicion is increased; and we must depend upon the microscopical finding. Fibroid growths of uterus are often multiple, so this may aid us in some cases.

Condyloma—This is very rare, usually occurring during pregnancy and generally with condyloma of the vulva.

Chronic Endo-Cervicitis and Chronic Endo-Metritis:—These may produce symptoms resembling cancer, but the history with a thorough pelvic examination will usually reveal something that will account for the symptoms present. We should never forget that cancer resembles these conditions in its incipency, and no doctor should treat a persistent endo-metritis that cannot be accounted for, without a curettage and a microscopical examination of the tissue removed. Of course we cannot dilate and curette, or clip away a piece of every woman's cervix who comes to us, and the majority will not need it; but when there is doubt, do so, and we will save more lives and have more grateful patients.

AN ORO-NASAL AND GENERAL ANTISEPTIC.

BY DAVID WALSH, M.D., EDIN.

Senior Physician, Western Skin Hospital, London, W.

Glyco-Thymoline was brought to my notice as an excellent lotion for nasal and oral sprays and washes. On due inquiry it was found to fulfill the two conditions usually recognized by medical men in the United Kingdom as vouching for the character, so to speak, of such a preparation. First, its advertisements are accepted by our three leading medical journals, namely, the British Medical Journal, the Lancet and the Medical Press and Circular. Secondly, its composition is not a secret, its formula being freely published. Under these circumstances I determined to try the effect of this preparation in a few suitable cases. As a general antiseptic fluid that does not coagulate albumen and is non-irritant, deodorant and practically non-poisonous, Glyco-Thymoline has clearly a wide range of usefulness. My own observations, however, have been practically confined to its use in the nose and mouth, with results that have proved satisfactory in every instance, especially in acute coryza, pharyngitis, influenza and septic conditions of the mouth.

E. F., male, aet 50. Chronic nasal catarrh with deflected septum and frequent blocking of left nostril. During a bout of foggy weather in London the discomfort of the chronic condition was aggravated by acute catarrh, with "sore throat," partial deafness, frontal headache and watery discharge. The use of a spray of Glyco-Thymoline, one in three several times daily, gave great relief and under this treatment the left nostril was always free. The amount of black matter washed out of the nostrils by the spray bore eloquent testimony to the sootiness of London fog.

G. H., female, aged 32. Influenza, second day of attack, much prostration, frontal headaches, temperature 102 degrees, profuse nasal discharge, slight sore throat, tongue slightly coated, constipation, complete loss of appetite, pains

in the back. This patient was kept in bed and a spray of Glyco-Thymoline one to three, applied frequently to the nose. At the same time a dose of quinine and a purgative, with nutritious food and stimulants, were ordered. The catarrhal symptoms quickly subsided and the patient recovered more rapidly than in any one of the previous attacks. This result she herself attributed to the nasal spray.

K. L., female, aged 45. Patient complained of great pain in upper gum, where a swelling had been incised some days previously. The tongue was furred, pus was exuded from the "gumboil," and the breath was offensive. The frequent use of Glyco-Thymoline as a wash (warm) afforded immediate relief. The patient was enthusiastic in her praise for the remedy.

Selected Articles

THE SOURCES OF INFECTION OF TYPHOID FEVER.*

BY ENNION G. WILLIAMS, M. D., RICHMOND, VA.

Chief Commissioner of Virginia Health Department, Etc.

No disease has occupied the attention of our medical societies to such an extent as has the subject of this symposium. While to the general practitioner the treatment of typhoid always furnishes the topic for an animated discussion, to the health officer the sources of typhoid infection is a theme of the greatest interest. It is to be hoped that soon the citizens of the country, other than the doctors and health officers, will take such an interest in the disease as its importance deserves; then, with the combined effort of the citizens, doctors and health officers, typhoid fever will be relegated to a place among medical curiosities and its records will be only a matter of history.

*Read before the forty-second annual session of the Medical Society of Virginia, at Richmond, October 24-27, 1911, as a part of the Symposium on Typhoid Fever.

Theoretically, the prevalence of typhoid fever should be in direct proportion to the civilization of a country, because the very existence of typhoid is dependent upon the dissemination of human filth. Unfortunately, our country would take a low place among the nations if an estimate of our civilization were based on this health standard, for among the civilized nations of the world there is only one that has a higher rate of typhoid fever than has America, and that is Spain, as shown by the census of 1900.

However, fortunately our country is awakened to an appreciation of preventive medicine. We will soon no longer be in the class with our decadent rival Spain, if the comparative experience of two army camps in this country at thirteen years interval may be taken as evidence. One was the camp in Florida during the Spanish-American War, and the other was the recent camp of an army corps in Texas. Both lasted four months in the Summer season. The latitude of the two was about the same. In Florida there were 10,759 soldiers, and in Texas, 12,801. In Florida there were 2,693 cases of typhoid and 248 deaths. In the Texas camp there was only one case of typhoid and no deaths.

This victory on the part of the medical corps of our army should make the people of our country pause to consider the lives that are now being sacrificed because our States and municipalities are not putting into practice well ascertained principles concerning the prevention of disease. It was estimated in the 1900 census that there were 35,000 deaths in the United States from typhoid fever and about 350,000 cases. In the State of Virginia during this past year there were about 13,000 cases and about 1,300 deaths. These figures are steadily declining as information about typhoid fever spreads among the people.

Typhoid fever is due to the invasion of the human body by a microscopic plant known as the bacillus typhosus, which, when it dies and disintegrates, gives us a poison that kills or injures certain body cells, giving rise to a disturbance of the normal functions of the organs and consequent

characteristic train of symptoms. The bacillus typhosus depends for its propagation upon organic matter, moisture and a temperature about that of the human body. It grows readily on most of the ordinary laboratory culture media. It readily succumbs to a temperature of 60 degrees C. or 140 degrees F. in a few minutes and may be easily killed by direct contact with the common chemical disinfectants.

It may remain alive for days, weeks and even months when dry and even when exposed to a freezing temperature. Although the organism may remain alive but dormant in these unfavorable surroundings, it will not multiply and sooner or later it will die. As soon as the live but dormant organism reaches a favorable environment it begins to multiply. The most favorable environment is that of the human body. For some reason, not understood, the bacillus typhosus will either not grow in the bodies of lower animals, or else if it does grow it does not injure the cells and so does not produce the characteristic symptoms of typhoid.

With the exception of milk, the human body may be looked upon as the only place in nature where the bacillus typhosus multiplies, and every bacillus typhosus may be said to come ultimately from the human body; therefore, every case of typhoid fever is caused by the bacilli that came from the body of a person suffering from typhoid or of a person harboring them.

The destructive influence of the bacillus typhosus is not due, as with many other bacilli, to a poisonous substance exuded or given out by the living bacillus, but is due to a poison within the bacillus itself, hence called an endotoxin. When the bacillus dies and its body disintegrates, then the poison is liberated and injures or destroys the human cells.

We thus understand that it is necessary that the bacilli must multiply and disintegrate before the symptoms appear.

The fact that the poison of the typhoid bacillus is an endotoxin and that the typhoid vaccine is simply dead bacilli and consequently contains the same poison, should be given

only as a preventative and never as a curative agent. To give vaccine after a person has contracted the disease is but putting into the body the very same poison that is already injuring the body cells and can only result in increasing the damage and the severity of the symptoms.

The invading bacilli gain access to the human body through the mouth, being carried in usually on food and drink. Having reached the favorable environment furnished by the human body, they multiply very rapidly; some remain in the alimentary tract and leave in the intestinal discharges, others pass through the mucous membrane and enter the circulating blood. In the blood and in the intestinal discharges the bacilli may be found in great abundance, even several days before the symptoms of the disease necessitate the patient taking to bed.

As soon as the bacilli begin to multiply in the body, a mysterious reactive process begins by which the body attempts to destroy the invading organisms. The defensive substances thus formed are called anti-bodies. They cause the destruction and disintegration of the bacilli, liberating the endotoxin, which attacks and injures the normal cells and produces the consequent characteristic symptom-complex. As we would therefore expect, the greatest number of bacilli are found in the blood in the first week of the disease and they diminish as the disease progresses. This is also true of the bacilli in the intestinal discharges. The bacilli are also more abundant in the mouth early in the disease. Instances are on record where the disease in its early stage has been transmitted by kissing. This cannot, however, be said to be a common mode of transmission.

As the bacilli are circulating in the blood, they are, as is to be expected, eliminated by the kidneys and may be found in the urine. Investigations show that they are found in the urine. Investigations show that they are found in the urine in about one-third of the cases. They have also been found in the sweat, tears, secretion of the mammary glands, the saliva and bronchial secretions, particularly the latter

if the lungs are affected. But the chief and constant avenue by which the germs leave the body is through the alimentary canal; that is, in the intestinal discharges.

Not all persons who get the bacillus typhosus in their bodies suffer from the disease. In some the bacilli enter and soon perish. In others the bacilli enter and multiply in the intestinal canal and are given out in the discharges, but never cause any symptoms. Such persons are called paradoxical carriers. Of those who suffer from the disease, about 95.5 per cent. cease to have bacilli in the discharges six weeks after the cessation of the temperature, while 1.5 per cent. continue to discharge bacilli until the end of three months. These are called temporary carriers. Three per cent. become chronic carriers and continue indefinitely to give out bacilli.

The facts then upon which is based our knowledge concerning the sources of the infection of typhoid fever are that the bacillus typhosus multiplies almost solely in the human body, that it enters the body by the mouth, multiplies in the alimentary canal and blood, and leaves in the discharges of the intestines and bladder and to a less extent in other excretions and secretions of the body.

The body of the patient or carrier is the ultimate source of the infection. The sick room is where the germs are most concentrated and begin their dissemination and career of destruction. It is here that contact infection is greatest. The hands of the nurses or attendant become infected from direct handling of the patient or by handling soiled clothing. The germs on the infected hands of the attendant have many opportunities of getting to the mouth directly or indirectly on food or drink.

From the sick room the germs may leave in many ways, on the hands of attendants, on soiled clothing, or other materials, on the feet of flies, and in the sewage.

Sewage must be looked upon as the greatest disseminator of typhoid fever. Not all sewage contains the typhoid

germs, but one can never tell when sewage will contain the discharges from a patient or carrier.

Any method of disposing of sewage which will by any possibility allow even the smallest particle of the sewage material to gain access to the human mouth is a source of infection.

The open and insanitary dry closets, which are so common in the rural sections and small towns, and even in many of the larger cities, are points from which the germs are often distributed throughout the community. They are among the most important factors that must be dealt with in public health work. It would not be an exaggeration to say that for every insanitary closet that is converted into a sanitary one a life is saved.

In these insanitary closets, the excrement furnishes an excellent breeding place for flies. The flies with their feet and bodies smeared with the germ-laden material, distribute this upon the food or drink in nearby dining rooms. It is strange that the fly was not convicted of its murderous proclivities before it had killed so many of our soldiers at Camp Chickamauga during the Spanish-American War.

In these insanitary closets the material lying on the ground is likely to be carried by a flushing rain over the ground to the nearest water course, which may furnish drinking water to a community below, or it may be carried into a well or spring.

When a well becomes contaminated it is usually from the top or a few feet from the top. Contaminated water is likely to become purified if it filters through many feet of earth, unless the quality of infection is very great, as the water bearing strata, under a city or town. The exception to this may be found in limestone sections or where there are fissures allowing water to reach the underground water courses without filtration.

The most frequent sources of contamination of a well are rain, washing filth into the top of the well, filth carried on shoes to the top of a well and then washed through the

cracks, and filth from the hands of persons pulling the windlass or handling the buckets.

Sewage may also enter the mouth on various uncooked foods, such milk, oysters, celery, lettuce, etc.

The germs may be carried by flies to milk or to the milk pails. The milkers or handlers of the milk may be chronic carriers, or they may be in the convalescent or incubation period. The milk pails or bottles may be washed in contaminated water, or, as in an outbreak recently worked up by Dr. Freeman, a number of cases were evidently due to milk bottles which were carried to the sick room, and returned to the dairy and sent to other parties without being sterilized.

Several notable outbreaks have been attributed to raw oysters. Large quantities of water pass through an oyster as it lies in its watery bed. If the water contains microorganisms, they readily lodge in the body of the oysters. All oysters that are taken from water polluted with sewage are possible sources of typhoid.

Uncooked vegetables may be vehicles for carrying the germs from the filth used as fertilizer or from polluted water used for watering or washing the vegetables. Although the possibilities of infection from this source is slight, still it must be borne in mind.

Having traced the principal avenues of infection from the body of the sick to the mouth of the well, we will consider the problem of the health officer who is given a number of cases and has to determine the source in order to apply the proper preventive measures.

For the last three years, the State Health Department, through its Bureau of Rural Sanitation, under the direction of Dr. A. W. Freeman, has investigated many outbreaks in Virginia. These investigations, together with those by Dr. E. C. Levy, Health Officer, in Richmond, have thrown much light on the relative value of the different factors in transmitting typhoid.

The investigation of an outbreak consists of a careful

study of all the factors concerned in the spread of typhoid as applied to each individual case. A blank form is used for the collection of the data, and the following facts are noted: name, residence, color, sex, age, date person took to bed, occupation, school attended, how long at present residence, absences from home during month preceding illness, source of drinking water at home and at place of business, source of milk used at home, source of various uncooked foods, exposure to other cases, cases in neighborhood, general sanitary condition of premises, condition of well or spring, condition of privy, screening against flies.

A comparative study of the facts elicited from the several cases involved in the outbreak will usually eliminate certain factors and also furnish a clue which can be followed up more specifically.

The trained investigator will promptly recognize the general features of an epidemic due to different causes. When the epidemic is water borne, the preliminary study promptly shows all or practically all the patients to have used a common supply of water. If a community which previously had little or no typhoid, a number of cases occur among users of a common water supply, particularly in the winter months when flies are absent and if milk infection can be eliminated, then the water may be assumed to be the source.

If milk is responsible for an outbreak, it is usually promptly suspected. There is a high percentage of infection among the users of the infected milk and the maximum number of cases appears about the same time.

It is often exceedingly difficult or impossible to trace the source of many cases, particularly is this true of the endemic or sparsely scattered ones. Although conclusive evidence may be lacking, the fly and the insanitary privy are often looked upon with suspicion. In many instances the circumstantial evidence is sufficient to condemn them both as accessories in the crime.

Whatever may be the factors in transmitting the infection

in individual cases, the conclusion of the whole matter is that the source of the infection of typhoid fever is human filth from the typhoid patient or the typhoid carrier.—*Va. Med. Semi-Monthly*, of Nov. 10th, 1911.

Obituary.

Q. CININNATUS SMITH, M. D.

Dr. Q. C. Smith of San Diego, Cal., died at his home in that city Oct. 7th, aged 74 years, after a long life of usefulness. Dr. Smith was born and reared in Humphreys County, Tenn., his parents being Mr. and Mrs. Moab Smith, of Dry Creek. His early life was spent on the farm, devoted to hard work and the study of books. At the call of arms in the spring of '61 he volunteered his services to the Confederacy, joining the Tenth Tennessee Cavalry under Captain W. W. Hobbs, serving throughout the war with honor. He was graduated with high honors from the medical college at Nashville in 1868; and went to Bloomfield, Mo., to practice his profession. Here he married a Miss Mary Sykes. From this place he moved to Austin, Texas, where he resided and was actively and successfully engaged in the practice of his profession, acquiring many friends and attaining a most reputable position as an honorable and ethical practitioner, until a few years ago, when he removed to San Diego.

His remains were laid to rest in the Confederate Cemetery near his home with Confederate honors. He is survived by his wife and son, Dr. H. S. Smith; one brother in Austin, Texas, H. B. Smith, and two sisters in that city, Mesdames J. F. Wasson and J. L. Thompson.

He was of a distinctive personality, had opinions of his own, usually developed after careful thought and study, and was to the day of his death an earnest, sincere student

of medicine. On several occasions we have had occasion of hearing the late Prof. W. K. Bowling, M. D., make mention of his matriculation in the Medical Department of the University of Nashville, which was about as follows:—
“Just after the close of the great war in 1865, as the medical class was assembling, there entered my office one morning, a sturdy, bronze faced young man, evidently from the country, his trousers tucked in his boots, a slouch hat on his head, who said that he desired to become a doctor. On asking what opportunities and advantages he had for prosecuting his studies, he replied: ‘I have a goon constitution, an earnest determination, am not afraid of any kind of honest work, and but little money, and am willing to do anything honest and respectable to accomplish my wishes.’”

“Well, we needed a janitor, and he made us the best we ever had in all my experience, and also was one of the best, most attentive and progressive students.”

Such was his character during his entire life, as might have been expected from one who had been a good son, a faithful soldier and an earnest student. He was a great reader, always making good selection of his mental pabulum, and we make mention that he was one of the first subscribers to this journal, and his renewals every year until, and including the present, were as regular as the advent of each January. He was also, on frequent occasions, a valuable contributor to its pages.

To his wife, son, brother, sisters and many friends in this State, Texas and California, we respectfully tender our sincere sympathy.

WALTER WYMAN, M. D.

Walter Wyman, Surgeon-General of the United States Public Health and Marine Hospital Service, died at Providence Hospital at 12:20 o'clock on the morning of Nov. 21, 1911, after an illness of several months.

The direct cause of Dr. Wyman's death was a carbuncle,

which developed four weeks ago, after he had been in poor health for several months. Last Thursday there was a decided turn for the worse. The end came quite suddenly. Frank Wyman of St. Louis, a brother, was at the bedside during the ten days preceding his death.

The body was taken to St. Louis for interment.

Dr. Wyman was unmarried. He was born in St. Louis in 1848 and had been in the Marine Hospital service since 1867, serving at St. Louis, Cincinnati, Baltimore, New York and Washington. He was supervising Surgeon-General of the Marine Hospital service from 1891 to 1902, succeeding the late Jno. B. Hamilton, M. D., and since July 1, 1902, had been Surgeon-General of the United States Public Health and Marine Hospital service.

Always giving special attention to physical conditions affecting the merchant marine, Dr. Wyman had been instrumental in having many laws passed for the benefit of the seamen. He was author of numerous pamphlets connected with public health and a member of the leading American and international medical societies. He was a very competent and able successor to his predecessors in office, Jno. M. Woodworth, Hamilton, and others.

The Surgeon-General is survived by his mother, three brothers and one sister.

IN NERVOUS EXCITEMENT:—The principal indications for Peacock's Bromides are, of course, Epilepsy, Uterine Congestion, Headache and all Neuroses. Being a safe and certain nerve sedative, it will be found a most valuable aid whenever the mental functions are overtaxed, producing insomnia. Peacock's Bromides does not compel sleep, like hypnotics, but by allaying the existing nervous excitement, whether due to mental strain, worry or anxiety, it promotes sleep in a normal manner. Unlike the effects from hypnotics, the patient awakens refreshed, with a clear head, and does not suffer from unpleasant sequelæ the following day. The overstimulation of the cerebral functions from alcohol yields promptly to the soothing action of this preparation.

Editorial.

CLOSE OF OUR THIRTY-THIRD VOLUME:—AN EDITORIAL RETROSPECT.

It seems but yesterday that we were engaged in preparing the editorial matter for the first number of this journal, and now that thirty-three years have been added to the World's history finds us rounding out our work in completing Number 12, Volume XXXIII. For three hundred and ninety-six consecutive months we have had the pleasure of supervising its publication—a labor of love, on which we can look back with some degree of gratification and satisfaction, more especially so, as this period embodied some of the most remarkable, the most valuable and important measures and methods of Medical Progress.

Entering upon its sphere of activity when the vast and almost infinite field of bacterial pathology was but in its infancy and incipency, its pages bear witness to the initial work of Tyndal, Darwin, Pasteur, Koch, and others, largely a matter then of theory, subsequently developed by their followers and successors along many lines into demonstrable and demonstrated facts.

These developments which from time to time have been recorded in some of the more than sixteen thousand pages of this journal have not only broadened the wide field of Surgery and its special departments, widening and extending the great value of surgical art; but have had a like or even greater beneficial result in those remarkable and wonderful achievements pertaining to the broader field of therapeutics and pathology as related to the internist and general practitioner of medicine.

The actual demonstration of the various and varied microscopical germs, resulting in the grand developments of asepsis and antisepsis, occasioning the rewriting of the Principles and Practice of Surgery, adding so much to the comfort of suffering humanity, prolonging so many human lives by means of the glittering scalpel, have accomplished as great if not greater effects in staying the former relentless grasp of devastating epidemic diseases; and it has been our good fortune to see Diphtheria deprived of its previous heavy toll on the lives of "our hostages to fortune;" cholera arrested at our ports of entry, to say nothing of the grim monster assailing our people under the designation of Yellow Fever, Malaria, Typhoid Infection, aye, even the "Great White Plague," and its black allies; and other one-time occupants of dread Pandora's box, against which we had only a

shadowy if not almost vain hope, being now opposed by an almost certain possibility of cure or prophylaxis.

Although some knowledge of the lens antedated the birth of our Saviour, the first compound microscope was made by Jansen in the latter part of the sixteenth century, was exhibited before King James I., in London a century later by Drebbel, and was perfected by the invention of Hall and Dolland as to achromatism about the middle of the eighteenth century, it was not until the last two decades of the nineteenth and the first part of the present century, that its grand and wonderful developments in the field of pathological research was fraught with so much value to human life. It is with a most profound and sincere degree of thankfulness that we have been permitted to enjoy the maturity of our manhood in these wonderful days; and it is with an extreme degree of gratification that we have been enabled to bring to the attention of some of our fellow-beings in the pages of this journal the more wondrous achievements of these days in Medical Progress.

Furthermore, we are gratified that on our mailing list today are yet a few names that have been there continuously since the issue of our initial number in 1879, and although quite a number of our reading patrons have "passed over the river to rest under the shade of the trees," among whom we can point with pardonable pride to such grand names as Nathan S. Davis, Nicholas Senn, and others of less renown, who from our first issue were regular subscribers, year by year, until they were called from their labors.

When we began our editorial efforts we were regarded, and so felt personally, as being one of the "younger element" of our local medical profession, and, although we still claim to be "one of the boys," and still a medical student, only one of our professional colleagues now actively engaged in the practice of medicine in our home city antedates our novitiate. And while we can with all due humility, feel that we have been of some service in teaching what we deemed correct principles of medicine in the lecture halls of the Medical Departments of the University of Tennessee and the University of the South during the greater part of this third of a century, we have always felt a greater degree of satisfaction in that wider field afforded by the pages of this journal.

Entering upon the study of Medicine as an office pupil of an alumnus of London's University Medical College in 1857, and receiving the degree of M. D., at the hands of as able a faculty as was ever combined on this Continent, three of its members having attained the high position of President of the American Medical Association, we were fully indoctrinated with a sincere, earnest and persistent devotion to the principles, practices and ethics of Regular Medicine; one

of the cardinal tenets of our creed being that it was not only a right but a duty to use anything and everything on land or sea that we believed would be of benefit to those depending on and entrusting themselves to our professional care; and have ever been unwilling to subscribe to the vain vagaries and delusions of Hahneman, the restrictions of the Eclectics, or the assumptions of any one man or set of men, based upon an exclusive dogma, claiming a special designation and trading on the same. Nevertheless, we have for many, many years known of and resorted to the beneficent effects to be obtained from small and frequently repeated dosage; the invaluable therapeutic efficacy of both foreign and indigenous plants; and many a time and oft, in the now dim and almost misty past of more than "sixty years ago," can recall the soothing and comforting influence of *massage* at the hands of a loving and lovable colored "Mammy," in her kindly ministrations to the frequently recurring injuries and bruises of a somewhat active and energetic childhood.

In our professional and editorial work we have at times had occasion to differ with some of our colleagues; but at all times, believing that every other man had a right to his opinion, we claimed the same as inalienable. While we have always endeavored to be both liberal and courteous, we have always thought that a spade should be called a spade, when necessary to make ourselves both practical and plain in our assertions.

In one particular this journal has occupied no equivocal position, and we have in these pages previously enunciated our editorial views, and regretted to differ with some of our professional brethren, juniors in point of years and experience, yet who have ever had our love, respect and esteem. We believed, and still believe that our point of view was well and advisedly taken, we had the precedent of others, wiser and more experienced, and are sustained by yet others of like calibre, both mentally and professionally, in our views as to "Proprietary Medicines and Preparations," and shall continue to use and advocate the same. In connection herewith, we beg leave to quote and most heartily endorse the following editorial enunciation of Dr. Frederick Clift, in the "*Utah Department*" of our most excellent contemporary, "*The Denver Medical Times*" of both January and November, 1911, page 282, of the one, and page 195 of the other:—

"Medical Journals are issued to and read by the profession—not by the public at large. We therefore believe that Licentiates who have secured certificates from the State Board of Medical Examiners are entitled to have the various new drug compounds and proprietary preparations brought to their notice in order that they may be in a position to judge as to their value. Where are they to obtain this knowledge except from the advertising pages of their Scientific Jour-

nals and the comments of their brethren? Are such men to be limited in their pursuit of further knowledge by a few self constituted censors or judges of purity and ethical rights and wrongs? Who has given them the right to expurgate our text books and tell us what we shall or shall not read in our Scientific Journals?"

* * * "Why should they assume that their fellow workers are not equally competent to determine as to the value of pharmacals advertised in this Journal?"

In conclusion, we do not hesitate to say in this day of almost "therapeutic nihilism," that we humbly and respectfully believe that with the aid of "*proprietarys*," as well as galenicals, chemicals and alkaloids, we have relieved pain and suffering, and held at bay the inroads and encroachments of the "grim and gruesome monster"—the true end and aim of all Medical skill, science and art.

ANTIDIPHThERIC SERUM AND GLOBULINS:—In their current announcements to the medical profession it is noted that Parke, Davis & Co. give equal prominence to their antidiphtheric serum, which they have produced unchanged for many years, and the newer "globulins," which they have been marketing for a number of seasons.

The globulins, as is perhaps known to most practitioners, is antidiphtheric serum with the non-essential portions eliminated. Compared with the normal serum it provides a corresponding number of antitoxic units in lesser bulk, permitting in consequence a smaller dose, which probably accounts for its apparent growth in favor among physicians.

Both the natural and concentrated products, of course, bear the company's guaranty of purity and efficacy. They are evolved in the blood of healthy, vigorous horses and are prepared under the supervision of expert bacteriologists and veterinarians. The tests, bacteriological and physiological, to which they are subjected during the process of manufacture, are thorough and elaborate.

THE RECENT MEETING OF THE MISSISSIPPI VALLEY MEDICAL ASSOCIATION:—In *The Medical Fortnightly* we find the following:—"The scientific program was exceedingly rich in excellent material, the symposia well arranged, the papers bringing out a full discussion:

"The social features were in keeping with the reputation earned by the Mississippi Valley Medical Association during its long career. The smoker and vaudeville, given on the evening of the second day, was particularly enjoyable and entertaining, but by far the most inspiring entertainment was a visit to the home of "Old Hickory," the Hermitage. The members and their wives were taken there in automobiles and shown through the residence and old estate. This has

been well kept up, and made the show place of that section of the country, through the efforts of the ladies who have organized an association for that purpose.

"The members were given the honor of greeting and shaking hands with the grand-daughter of that wonderful character, Andrew Jackson. She is well advanced in years, but her mind is bright and active, and her manner gracious and kind.

"On this occasion Dr. J. A. Witherspoon, of Nashville, the former President of the Association, delivered one of the most beautiful addresses, standing on the steps of the Old Hermitage, that it has ever been the writer's pleasure to listen to.

"The meeting in Nashville will be long remembered as one of the most successful from a scientific and social standpoint, in the history of the organization."

The *Louisville Monthly Jour. of Medicine and Surgery* makes this statement:

"The symposia were of great interest and the discussion voluminous, the papers throughout of a high order of merit.

"The entertainment provided was delightful and greatly enjoyed, especially the trip on the last day to the home of Andrew Jackson, The Hermitage, where Dr. J. H. Witherspoon delivered a beautiful address on 'Old Hickory.'"

LIPPINCOTT'S MAGAZINE:—Charles Egbert Craddock's new novel, "The Ordeal," will be published in the December number. There will also be short stories, such as "Christmas at Sedake Hall," a funny expose of society, by J. J. Bell. "The Whistle," a new sort of traveling-show story, by George L. Knapp. "Red Bird," a horse story great in its human interest, by Elizabeth Maury Coombs. "The Fashioning of Florence Isabel," an amusing tale of English life, by Mrs. I. Zangwill, "The Child Who Had Everything But," a Christmas ghost story, by John Kendrick Bangs. "Sidney Lanier, the 'Sunrise Poet,'" the first of a series of papers, by the widow of General Pickett, by La Salle Corbell Pickett.

In "Ways of the Hour," are printed "opinions," serious or amusing, on well-varied themes of interest to men and women. "Short Story Masterpieces," "The Insurgent," by Ludovic Halevy, with introduction and translation by the editor. Financial articles are in charge of Edward Sherwood Meade, Ph. D. "Twentieth Century Travel," conducted by Churchill Williams, and "Walnuts and Wine," always funny.

RHEUMATISM:—"For some years there has been a tendency among the profession to use sodium salicylate to the practical exclusion of

other agents in the treatment of acute articular rheumatism. Even the therapeutic nihilist has conceded to sodium salicylate the first place in rheumatism, as he accords it to quinine in malaria, or to antitoxin in diphtheria."

"The recent reports by Menzer, a surgeon in the German army, tend to discredit the too implicit faith placed in the use of the salicylates alone in acute articular rheumatism. It is not denied that the salicylates pushed to effect will alleviate the symptoms, but he asserts that cases so treated are more subject to relapse and to permanent deformity than are those in which other remedies are exhibited, and that there should be incorporated with the salicylates other agents which will not encourage injurious complications."

In Tongaline, sodium salicylate from the natural oil is combined with tonga, colchicum, black cohosh and pilocarpin, whereby the organs of elimination are greatly stimulated, so that prompt and efficient results are secured without the necessity of such large doses of the salicylates as to cause any harmful effects.

WORDS OF APPRECIATION:—The following letter, relating to the treatment of opium and other addictions, will interest many. It is addressed to our old friend, The Antikamnia Chemical Company, and reads:

"Gentlemen:—Illness, dating from the very day of my former letter, must be my plea for my silence and my seeming indifference to your courtesy, and your exceptional kindness in sending me your little 'Vest-Pocket-Box.' I want you to feel that I sincerely appreciate your goodness in this little matter. I am in charge of The Woolley Sanatorium, Atlanta, Ga., an institution conducted exclusively for the cure of opium and other drug addictions, and am using Antikamnia Tablets extensively after withdrawing morphia, and I am free to say that I do, in reality, regard your product as 'A Succedaneum for Morphia.'

"Our Institution is probably the largest of its kind in the South and if my views should prove of value to you at any time, command me.

MARION T. DAVIS, M. D."

A NEW USE FOR EUCALYPTUS TREES:—We find the following suggestion in *Success Magazine*, and it may interest some of our rural professional readers, who, as well as "tillers of the soil," may find "spare time" to add somewhat to his income, in an easy way.

"Some one who had little else to occupy his time has figured out that the most profitable thing a farmer can do is to grow a patch of eucalyptus trees, and raise a crop of opossums in them. Eucalyptus grows fast and soon the farmer can install his pair of opossums,

which thrive on the eucalyptus leaf: The animal bears valuable fur. After the opossum crop gets a good start all the fortunate farmer will have to do is to keep it from eating up the rest of the produce.

"Telling the farmer what to do with his spare time has become one of our leading, if not most gainful occupations. Mushrooms, squabs and violets have long been the standbys of this unofficial farmers' advisory board; opossum farming will constitute a welcome change and, as no real tiller of the soil is likely to take this fad seriously, a harmless one."

"INDIVIDUALITY is nowhere more forcibly marked than among pharmaceutical remedies.

While one product may resemble another in color, name and formula, to its uniformity of therapeutic action depends its individuality. This feature which has so universally characterized antiphlogistine has made it the choice of the medical profession.

At this season, when Laryngitis, Pharyngitis, Tonsillitis, Bronchitis, Pleuritis and other diseases of the throat and chest are so prevalent, a dependable remedy to relieve the inflamed and congested tissues, as well as to inhibit the extension of the disease is most desirable.

Antiphlogistine applied thick and hot, well protected by suitable covering, will retain its heat for hours, reduce the inflammation and afford prompt and unmeasurable relief to the patient."

LUCK DURING PNEUMONIA and its convalescence may be a big factor in this disease's mortality, but if definite and well chosen efforts to raise the index of tissue resistance are employed, luck need not be depended upon. The convalescence of pneumonia will be a much simpler process with fewer distressing complications, if cotton seed oil in the form of *Nutromul* (Brown's Cotton Seed Oil Emulsion), is given. *Nutromul* contains a large percentage of cotton seed oil, now generally admitted to be a tissue food and strengthening agent of a superior order, and is so prepared that easy digestion and prompt absorption are assured. The food value of the oil in *Nutromul* is increased by the addition of the hypophosphites of lime, soda and manganese. It is the ideal reconstructive in the convalescence of pneumonia. A sample bottle may be had by addressing, Nottoc Laboratory, Atlanta, Ga.

AFTER OPERATIONS:—After even simple surgical operations patients are almost always menaced by the manifold complications that are superinduced by the nervous or more or less debilitated state that is inevitable. Tonic treatment is always indicated, and nothing at a

surgeon's command will give more substantial satisfaction to all concerned than Gray's Glycerine Tonic Comp. Under its tonic and reconstructive influence the vital functions are restored to normal activity and the nerve balance coincidentally re-established. Thus does a patient receive the fullest benefits from surgical treatment and without the delay that so often is the despair of surgeon as well as patient. The lesson to every medical man doing surgical work is obvious, and the aid he can always secure from Gray's Glycerine Tonic Comp. after operations imposes an obligation not to be ignored.

THE SUPERIORITY OF ESSENCE OF PEPSINE, FAIRCHILD, rests upon these facts:—It is obtained directly from the secreting cells of the fresh gastric mucous membrane; presents the principles and properties of the gastric juice unimpaired by heat or chemical treatment, and in association with all the soluble cell constituents; is rigidly standardised with respect to the activities of the two well known enzymes of the gastric juice; is remarkably agreeable and gratefully stomachic.

During these many years of clinical experience with Essence of Pepsine, Fairchild, the physician has learned to rely upon it as a therapeutic resource of constant value, uniform in every particular, vastly different in these respects from the usual extemporaneous and "just as good" and "easier to make" kind of preparation.

TONGALINE exerts a manifest action on the nervous system of the secreting order of glands, it diminishes the uric acid content of the blood, and produces a substitutive irritation in the region of the articular surfaces. On account of the exaggerated vasomotor action of Tongaline, the irritation drives the uric acid deposits toward the excretories, causing a great secretion of bile in the liver, an abundant diuresis in the kidneys and a serious diarrhoea in the intestines, while in the feces and in the urine we find a great quantity of uric acid.

These conditions secure the attainment of the desired effect, which is to expel from the organism all those agents, the accumulation and retention of which in the blood are the cause of rheumatism, neuralgia, grippe, gout, nervous headache, malaria, sciatica, lumbago, tonsillitis, heavy colds and excess of uric acid.

LAIBOSE is a new and original addition to the resources of feeding, designed to meet important and well-recognised requirements, a food of proved value before its general introduction to physicians. It is composed of the solids of pure milk and the entire digestible part of whole wheat.

The statement of the analytical composition of Laibose on label

and circular enables the physician to direct its use upon the basis of calculable calory and co-efficient of energy of a known definite source and availability.

Laibose is prepared for use by the simple addition of water, usually 3 to 4 parts; is very agreeable when taken dry.

Descriptive circular with analysis, "Formulas" and "Directions" upon request, by Fairchild Bros. & Foster, Washington and Laight Sts., New York, N. Y.

DANGER DUE TO SUBSTITUTION.—Hardly another of all the preparations in existence offers a wider scope to imposition under the plea of "just as good" than the scientifically standardized Eucalyptol. The most recent fraud practiced in regard to this product is an attempt to profit by the renown of the firm of Sander & Sons. In order to foist upon the unwary a crude oil, that had proven injurious upon application, the firm name of Sander & Sons is illicitly appropriated, the make-up of their goods imitated, and finally the medical reports commenting on the merits of their excellent preparation are made use of to give the desired lustre to the intended deceit. This fraud, which was exposed at an action tried before the Supreme Court of Victoria, at Melbourne, and others reported before in the medical literature, show that every physician should see that his patient gets exactly what he prescribes. No "Just as Good" allowed.

MME. CURIE of Paris has been awarded the second Nobel prize of \$40,000 for her achievements in chemistry, co-working with her distinguished husband, now dead. She won fame by the discovery of radium, and, alone, she has made another achievement by discovering polonium, a new element which is said to possess a superior radio-activity to radium. It will be remembered that the French Academy rejected the application made in her behalf for membership in that exclusive body of "immortals," mainly, if not altogether, because she was a woman, but that rejection did not extinguish her light or lessen the fame of one who has commanded the acknowledgment of the world to her ability and genius.

A TRUE HEPATIC STIMULANT;—Chionia is a preparation of Chionanthus Virginica and possesses only the best therapeutic properties of that drug. It has been honored with a great number of testimonials from physicians of all schools, and the consensus of opinion is that it is a most trustworthy hepatic stimulant, when employed persistently in properly selected cases. Physiologically it may be described as a gradual vasomotor stimulant to the bile ducts, and many authorities contend that its use will improve portal circulation and

strengthen the lymphatics. Dr. Geo. Covert has aptly referred to it as a "bile persuader," and indeed this describes its action in a nutshell.

BROMISM:—When Peacock's Bromides are given over a prolonged period, as is often necessary in epilepsy and nervous diseases, its advantages over commercial substitutes are unmistakable. While bromism cannot be absolutely prevented in patients having an idiosyncrasy toward bromides, it has been positively demonstrated that Peacock's Bromides can be given with greater freedom from untoward action, and that frequently the preparation can be employed to continue bromide treatment after the commercial bromides were necessarily discontinued. This severe trial is perhaps the most convincing evidence of its superiority.

A CHANGE OF NAME:—*Passiflora Incarnata* (Daniel's Concentrated Tincture) the most reliable and efficient of hypnotics is now known as *Pasadyne*. It is the same *Passiflora*, its properties are the same—but for the sake of convenience and to avoid substitution, the manufacturer has adopted the new name—*Pasadyne*.

A sample bottle will be furnished if application be made to the laboratory of John B. Daniel, Atlanta, Ga.

AH THERE! "Do all nuts grow on trees?" was the query propounded by a rising son of early years.

"They do, my son," was the reply of the fond parent.

"Then, on what kind of trees do doughnuts grow?" asked the scion.

"On holy-trees," grunted the sire.

BOVININE is not only a *perfectly nutritive* tonic in itself, but being rich in *elementary* iron and all essential elements, necessary for complete reconstruction and nutrition, it re-establishes completely normal metabolism, thus assuring a quick recovery from all wasting diseases.

FIROLYPTOL WITH KREOSOTE is prepared expressly for Physician's prescriptions by The Tilden Co., Manufacturing Pharmacists and Chemists, of Lebanon, N. Y.; and St. Louis, Mo. It is anti-tuberculous and anti-strumous. Write to them for free samples.

LISTERINE is particularly useful in the treatment of abnormal conditions of the mucosa, and admirably suited for a wash, gargle or douche in catarrhal conditions of the nose and throat. There is no possibility of poisonous effect through the absorption of Listerine.

Selections

USE OF IPECAC TO ABORT TYPHOID FEVER:—Several recent reports have clearly shown the efficiency of ipecac in the treatment of tropical dysentery, when the drug is properly employed. I took the ipecac treatment for tropical dysentery one year ago with results that were entirely satisfactory, and after a number of other proposed treatments had proven non-effective in my case. It appeared to me that it should be equally as efficient in typhoid fever. The following shows the result in six cases treated.

CASE I.—Woman 44 years of age. She was seen first on the third day after becoming confined to her bed; the case was diagnosed as typhoid fever on the sixth day of her illness, Widal test being positive. At 8 p. m. of the sixth day she was given fifteen minims of tincture of opium; thirty minutes later she was given thirty grains of pulverized ipecac in salol-coated capsules; the room was made dark and she was required to lie on her right side for two hours, so that the capsules might pass out of the stomach as quickly as possible. In this way vomiting was prevented by getting the ipecac past the stomach without coming in contact with the stomach walls. On the seventh, eighth and ninth days ipecac was given in the same manner, the dose being decreased five grains each day; on the ninth day the dose being ten grains. On the tenth, eleventh and twelfth days the dose was ten grains each day. The highest temperature recorded was 103.8 degs. on the seventh day. The highest recorded on the eighth day was 103.2 degs. The highest on the ninth day was 99.6 degs. There was no elevation of temperature after the ninth day. (Note that the ninth day of her illness was the fourth day she was given ipecac.)

CASE II.—Man 32 years of age. He was confined to his bed on the third day of his illness. The diagnosis of typhoid fever was declared positive on the sixth day. On the

same day ipecac treatment was begun and carried out as in Case I., except that the ipecac was continued until the fourteenth day. The highest temperature recorded was 102.5 degs., which was on the seventh day. On the eighth day the highest temperature was 102.3 degs.; on the ninth day, 102.1 degs.; on the tenth day, 102 degs.; on the eleventh, 100.7 degs.; on the twelfth day, 100.6 degs.; there was no fever recorded after the twelfth day, which was the seventh day ipecac was administered.

CASE III.—Boy 12 years of age. Five days after he became confined to his bed the ipecac treatment was begun. The treatment was the same as in previous cases except that only five drops of the tincture of opium were given and the ipecac was begun in fifteen grain doses and gradually decreased to five grains and continued in five grain doses until the thirteenth day. On the seventh day his temperature was 103.8 degs., which was the highest temperature recorded. On the morning of the ninth day he had no fever, this being the fourth day ipecac was given.

CASE IV.—Boy 6 years of age. The treatment in this case was a little different from that of the previous cases. Tincture of opium was left out of the treatment and instead of giving one dose of ipecac at night the dose was divided and eight grains were given at night and eight grains in the morning. This dosage was given without reducing the dose from the fifth day until the eleventh day. His temperature on the fifth day reached 104.2 degs. On the sixth day it reached 104.5 degs. On the seventh day the maximum was 102.4 degs. On the eighth day at 2 p. m., 99.5 degs. On the same day, at 9 p. m. it was 98.1 degs. He had no more fever and the ipecac was given once a day from the twelfth until the fifteenth day in eight grain doses. It will be noticed that in this case the ipecac was begun on the fifth day and that there was no elevation of temperature after the eighth day.

CASE V.—Woman 27 years of age. The ipecac treatment was begun on the seventh day that she was confined to her

bed. In this case the opium was not given. As in Case IV., the ipecac was given morning and evening; in this case, in ten grain doses from the seventh until the thirteenth day; on the fourteenth, fifteenth and sixteenth days it was given in ten grain doses once each day. The highest temperature recorded was on the sixth day, when it was 104.6 degs.; on the seventh day it was 104.4 degs.; on the eighth day, 104.4 degs.; on the ninth day, 103.9 degs.; on the tenth day, at 8 a. m., 99.1 degs.; at 9 p. m., 97.4 degs. It will be noticed that in this case the temperature became normal in about seventy-two hours after the ipecac treatment was begun.

CASE VI.—Man 28 years of age. The administration of ipecac was begun on the fourth day of his confinement to bed, which was the seventh day of his illness. Ipecac was administered in twelve-grain doses every six hours. At the end of sixty hours he had no fever; ten grains were then given twice each day for a period of three days. The highest temperature reached was on the fourth day of his confinement to bed, when it was 104.3 degs. On the fifth day it reached 103.6 degs.; on the sixth at 9 a. m., 102.2 degs., and at 9 p. m., 99.3 degs. On the seventh day the temperature was normal. The tincture of opium was given in order to prevent vomiting. But it will not always do so when the salol coat becomes broken, as is shown by the occurrence of vomiting in Case II.

It is necessary that each fecal discharge be carefully examined to find whether or not any of the capsules pass without being dissolved. In order to coat the capsules the salol should be heated in a small vessel until it is nearly all melted, the vessel should then be removed from the fire. A long pin should be stuck in one end of the capsule and dipped into the salol; by removing and rotating the capsule the salol may coat it uniformly; this should be repeated until a coat about three times the thickness of the wall of an ordinary capsule is obtained; the capsule is then removed

from the pin and dipped in order to coat the point where the pin was inserted.—*W. L. Frazier, M. D., of Idaho, in Med. Record of Nov. 4, 1911.*

INDIGESTION, PAINFUL:—The differential diagnosis of the conditions commonly giving rise to chronic or intermittent indigestion with pain—chronic appendicitis, ureteral calculi, neurasthenia, gall-stones, diverticulitis, and gastric and duodenal ulcers—is discussed by the author. Given a case of chronic painful indigestion, he says, the temperature and pulse are, naturally, normal; there is usually constipation, and, as a rule, impairment in the general health, with some apprehension—frequently a suspicion of cancer is harbored. The patient tires easily, and is often sleepless. There is rarely vomiting, though not infrequently there is nausea; the digestion is most fickle, being worse during worry and overwork, with relief on holidays. There are longer or shorter rhythms in the symptoms of the malady, and every line of medical treatment attempted is uneven and uncertain in its results. Treatment at health resorts is usually beneficial at the time, but relapse follows.

Up to this point the disease may be ulcer, gall-bladder disease, or appendicitis. If in addition to the routine symptoms there is a history of night attacks of pain at irregular intervals, gall-stones must be considered. If there is no hyperacidity; if the pain is referred rather to the chest and back; if there is a tender point between the tenth and eleventh ribs in the back; if when completely relaxed in a warm bath deep pressure under the costal border produces local tenderness and especially if it also causes a referred pain, and if the kidney is negative to X-ray, then the diagnosis of gall-stones or, at least, of chronic cholecystitis may be made.

If, however, the pains are distributed over the whole abdomen, constipation is quite marked, the pains being frequently a single darting pain; if the ureters are negative for stone; if on pressure upon the appendicular region there

is local tenderness and a production of referred pain identical with that complained of, and further if, on deep palpation over the appendix at intervals of, say, four hours, there is an increasing tenderness, one may safely diagnose appendicitis. The author lays particular stress on the latter mode of diagnostic procedure. In suspected cases showing none of the usual signs at the first examination, if one repeatedly presses and even rolls the cecum and presumably the appendix at, say, four-hour intervals, treating the left iliac fossa in precisely the same manner as a control, there will usually develop, if there is chronic appendicitis, a definite and sometimes high degree of tenderness in the right fossa, while the left remains negative. Disease of the sacro-iliac joint should be excluded. A useful plan for facilitating the diagnosis of *acute* appendicitis in infants and young children, who so readily cry on examination, is described by the author. The method depends upon the fact that the sensorium is more sensitive to ether than is the protective muscle reflex excited by palpating a tender appendix. If, in a doubtful case, the child be given "twilight" ether anesthesia, then under deep pressure there will be a distinct muscle reflex on the right side and none on the left. Moreover, if pressure is made when the anesthesia has faded to the subconscious state there will be a pain response of absolute clinical value.

Gastric ulcer usually announces itself by frank symptoms, such as immediate distress on taking food, hyperacidity, and free blood, and, of course, hematemesis completes the picture.

In duodenal ulcer there is an orderly sequence of events in the history which is diagnostic. As a typical case one would find a male in the active period of his life complaining of the following: Rhythmic periods of daily pain at certain intervals after meals. Disease usually worse in winter. When the stomach is well emptied, say, at 11 in the morning, at 4 in the afternoon, and late at night, there appears a burning, stinging, or heavy pain, with scalding

eructations and much gurgling gas in the intestines. Left alone it wears away after an hour or two; but it is almost immediately relieved by food,—perhaps the most prompt relief is obtained by drinking a glass of milk containing a teaspoonful of soda. Many patients habitually carry a bit of food in their pockets, to relieve the pain when it appears. Lying on the left side sometimes gives some relief. There is no vomiting unless obstruction has developed. A test-meal will show that the digestion is good; food passes out of the stomach promptly enough, but the acidity is high. There is sometimes local tenderness, but this appears only when the ulcer has quite penetrated the wall.—*G. W. Crile* (*Ohio State Medical Journal*, September 1911).

THE EFFECT OF OCCLUSION OF THE VARIOUS HEPATIC VESSELS UPON THE LIVER:—In a very excellent article with the above title in the *Johns Hopkins Hospital Bulletin*, for Nov., 1911, M. C. Winternitz, M. D., Associate in Pathology in the Johns Hopkins University, closes with the following conclusions:—

1. On account of the extensive anastomosis of the intra-hepatic branches of the portal vein and the hepatic artery, occlusion of either of them is usually without effect upon the liver parenchyma.

2. The portal vein may be completely occluded and the liver only appear slightly smaller and congested. In these cases an extensive collateral circulation usually establishes itself in the hepato-duodenal ligament and the portal blood is in this way carried to the interlobular vessels.

3. Following occlusion of the portal vein the entire liver, if it is the main branch, or only the part supplied by the occluded vein may present a much more congested appearance. This is due to the insufficiency of arterial anastomosis which is enough to nourish the liver cells and prevent necrosis, but which allows the blood from the systemic veins to dam back into the liver capillaries. This picture is only produced when the general circulation is impaired.

4. When the smaller interlobular branches of the portal vein are occluded the anastomosis with the hepatic artery becomes ineffectual and there is a total mechanical obstruction of the circulation in the area. This is followed by infarct formation. There is necrosis of the liver cells often accompanied by hemorrhage. The necrosis of eclampsia belongs to this group.

5. Occlusion of branches of the hepatic artery may result in true infarct formation. This is rare, firstly, on account of its peculiar position at the celiac axis, and secondly because of its abundant anastomoses.

6. Occlusion of both the portal vein and the hepatic artery results in infarct formation unless the process is very gradual.

7. Occlusion of the hepatic vein may bring about a congestion in the zone drained by it or may be absolutely without effect.

IMPACTED FRACTURES AT NECK OF FEMUR:—In an excellent article illustrated with skiagraphs, in *The Annals of Surgery* for November, 1911, V. Zachary Cope, M. D., M. S., (Lond.), F. R. C. S. (England), we find the following conclusions:—

1. Impacted fracture of the neck of the femur (within the capsule) is by no means an uncommon occurrence.

2. It results from direct violence applied over the trochanter major, and may permit of considerable voluntary and passive movement of the hip without crepitus.

3. An unimpacted fracture resulting from indirect violence may occasionally be converted into an impacted fracture owing to an immediately subsequent fall upon the affected hip.

4. The impaction may cause an atypical deformity, even sometimes simulating dorsal dislocation.

5. Fracture of the base of the neck is always primarily impacted; if the force applied is great, there are always

secondary fractures, both vertical and horizontal, through the trochanter region.

6. Persons with impacted fractures of the femoral neck or base of the neck may and often do walk about for some days after the accident.

7. An impacted fracture of the base of the femoral neck may exist without appreciable shortening when the force is not sufficient to cause the trochanter region to be split up by the wedge-like cervix femoris.

In conclusion I wish to express my indebtedness to Dr. Harrison Orton for his kindness in allowing me to make use of all the radiographs inserted.

URETHRAL STRICTURE:—S. G. Zinke (Jour. Kans. Med. Soc., Jan., 1911), emphasizes the following points in the treatment: Alkalies and rest are always serviceable, especially if complications are present. Uncomplicated, non-resilient and not too highly irritable strictures are best treated by dilation, up to 20 F., with flexible instruments; above 20 F. with metal sounds. Urotropin before, asepsis during, and either silver nitrate or permanganate after sounding are indicated. Dilation is rarely necessary beyond the calibre of the normal meatus. If stricture persists, try thiosinamine. If the patient does not want to waste time or if there are complications, cut (in very tight strictures). Do internal urethrotomy for strictures in the pendulous portion, external or combined for perineal strictures. Anterior strictures are commonly curable, posterior ones commonly incurable. Impassable strictures, without retention, are usually amenable to treatment, but if finally we find them impervious we must perform urethrotomy. Retention not relieved by the catheter requires hot baths or hot sitz baths—the hotter the better. Baths failing we must do aspiration or urethrotomy, preferably the former. Traumatic strictures are preventable by prompt treatment at the time of receipt of the injury; later we do urethrotomy. We excise for resilient or nodular strictures. Irritable strictures

seldom require incision. Acute inflammatory complications usually call for operative interference. Never cut unless dilation fails. *Use no force* in the manipulation of metal instruments, and little or none with flexible ones.

ADMINISTRATION OF ANAESTHETICS:—Darling and Williamson (*Dublin Journal of Medical Science*) state that since August, 1909, they have used hyoscine and morphine before operation in over two hundred cases as a preliminary to general anæsthesia; they have given the dose only to adults, the ordinary dose being hyoscine, 1/100 grain; morphine, 1/6 grain; atropine, 1/180 grain, hypodermically, one to three hours before operation. In young women the dose of hyoscine has sometimes been as low as 1/200 grain. The majority of patients have had the previous night ten grains each of trional and sulphonal, ensuring them quiet sleep. In fifteen minutes from receiving the hypodermic injection the patient is completely indifferent to his surroundings, and then the final preparations are made, causing him no mental distress. He walks into the operation room (when his condition permits this) without apprehension, is somewhat dazed, but replies intelligently to questions, usually takes the anæsthetic without terror or struggling, and when he wakes up some hours later remembers nothing that has happened, and is surprised that the operation is over. Many patients have no recollection of anything since receiving the hypnotic the night before. Less of the anæsthetic is required, the quieting effect on alcoholics is noteworthy, and post-operative vomiting is much less frequent. In no case have they had reason to think the dose has produced ill effects; in cardiac cases they believe it has added an element of safety. They have not given it where there has been albuminuria. About half the operations were intraperitoneal, many being very severe.—*N. Y. Med. Jour.*

CROTALIN TREATMENT OF EPILEPSY:—The experience of medical practitioners in the treatment of epilepsy has been generally so unsatisfactory, and the excessive use of bromids is so objectionable, that any new method which promises successful results in a fair proportion of cases is likely to be eagerly tried out. In the *New York Medical Journal* of Sept. 9, Ralph H. Spangler gives a tabulated report of 36 cases of epilepsy treated, during the last two years, by intramuscular injections of crotalin, with improvement in all the cases and apparent cure in a few. He has his druggist prepare a solution in sterile water of the dried, crystal-like scales of the venom of *Crotalus horridus*, preserving with a few drops of trikresol in 1 cc. sterilized ampoules. Each cc. of the solution represents from 1/200 to 1/25 grain of the venom. The injections are given usually in the forearm, varying the site when a good reaction (swelling, erythema, cellulitis) is not obtained. The interval between injections is at first from 5 to 7 days (waiting about 2 days after local reaction subsides), lengthening the interval to 10 days, 2 weeks or more in the most satisfactory cases. The venom treatment is indicated in the so-called idiopathic form of epilepsy.—*Denver Med. Times*.

EXPERIMENTAL POLIOMYELITIS:—In the *New York Medical Journal* of September 23, is a preliminary report on experimental poliomyelitis by Drs. Neustaedter and Theo. They investigated the contagiousness of this disease, and for their purpose used the sweepings from rooms occupied by infected children. The sweepings were shaken with salt solution, strained through cotton, and then through a Berkfeld filter. The filtrate was used to inoculate monkeys, which, about one week later, exhibited a flaccid paralysis. One of these animals was killed and emulsions made from the cord and used to inject into others, which subsequently developed a paralysis typical of poliomyelitis.

From the result of their experiments so far the authors conclude:

1. Acute poliomyelitis is both infectious and contagious.
2. It is propagated by the dust.
3. The nasopharynx must be the point of entry.

These conclusions make it perfectly evident that most rigid prophylactic measures should be enforced.—*F. C. H., in Canadian Practitioner for Nov. 1911.*

ARTERIOSCLEROSIS:—William Francis Waugh, Chicago, Ill., believes that one must seek for arteriosclerosis a causative factor that is common but not universal at the period of life after middle age. The cause that is most frequently present is autointoxication from constipation. With age the intestinal musculature becomes sluggish. Poisons develop and cause contraction of the blood-vessels, calling forth a greater expenditure of cardiac force to overcome the resistance. Senile pruritus, hyperacidity, pyrosis, and pyorrhea alveolaris result from the same cause. Acidemia, with which indicanuria goes hand in hand, is the commonest pathological element. Accessory causes are gout, rheumatism, syphilis, malaria, etc. Treatment must consist in promoting a regular daily evacuation of the intestines by means of medicines and colonic flushing.—*Medical Record, September 23, 1911.*

INTESTINAL INVAGINATION IN CHILDREN:—Kirmisson gives the symptoms of invagination as pain, colic, suppression of stools and passage of blood mixed with mucus from the bowel. The blood is the most characteristic sign. Examination by rectum combined with abdominal palpation will reveal a soft, movable tumor. The diagnosis should not be hard, since this is a disease of infancy and of strong, healthy children. It is produced by spasm of intestine pushing one portion of the bowel into another. As soon as the diagnosis has been made a large injection under ether may be tried, and if this fails an immediate operation should be done before gangrene or septicemia has set in.—*Le Bulletin Medical.*

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